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THE TREATMENT OF EPIDEMIC INFLUENZA.

BY S. HENRY DESSAU, M.D., NEW YORK.

Attending Physician to Montefiore Home for Chronic Invalids; Physician to Children's Department, Mount Sinai Hospital, Outdoor Department.

THE is no specific treatment for epidemic influenza, any more than there is for other contagious diseases. There is, however, a rational treatment for this disease, which may be based upon its causation and natural history. It has been said that no treatment will shorten the duration of the disease, and therefore our therapeutical efforts should be directed towards combating the complications only. I do not entirely agree with this idea. I believe that in epidemic influenza, as in many other diseases of a germ origin, we can direct our efforts towards eliminating the disease poison by aiding the natural processes in this direction, thereby helping to shorten the duration of the disease, and guarding the patient against the danger of incurring the more severe complications. If these complications should later on arise, as in many instances they undoubtedly will, then our treatment becomes symptomatic and sustaining.

The various types of epidemic influenza, such as are called the febrile, catarrhal, gastric and nervous forms, are due in my opinion to the varying dose of the poison received, or the vulnerability of the individual affected; that is to say, certain individuals furnish a more favorable medium for the rapid growth of the disease germs than others do. I am becoming strongly convinced that this poison manifests a double action; first, in causing a rise of temperature, together with an irritant effect or congestion of the mucous membranes, and secondly, a profound depressing influence upon the entire nervous system. The first action is produced by the growth of the bacteria upon the mucous tissues, the second is the result of absorption of the ptomaine or toxine, produced in the process of germ growth, into the general circulation.

The idea of an eliminative plan of treatment involves the aiding of the system in getting rid as rapidly as possible of the toxine, and at the same time relieving the intense congestion of the mucous membranes, fever being thereby reduced as a matter of course. In order to accomplish this object we need no better plan than that em-

ployed by nature, as shown in the natural termination of the disease, namely; by perspiration. I believe that in the resort to diaphoresis we anticipate nature and can certainly do very much in relieving the severe symptoms, and also in shortening the duration of the disease; for in many instances we have under other plans of treatment the course of the disease unusually prolonged.

In instituting this plan of treatment, it is absolutely necessary that the patient should be ordered to bed, and this point alone is of the highest importance in the treatment of all cases of epidemic influenza. Once being in bed he should be kept there until fully convalescent.

Any of the ordinary diaphoretics, such as hot grog, with hot foot-bath, or the warm moist pack, acetate of ammonia, jaborandi, Dover's powder, etc., may be employed, but I prefer the use of a hot infusion of eupatorium, or boneset. (The name boneset is derived from the popular value of the herb in dengue or break-bone fever, a disease closely resembling influenza, in fact, supposed to be the same disease, modified by climate or geographical situation.) The infusion is made by steeping a quarter ounce of the dried herb in a coffee bowl of boiling water for a half hour. This is allowed to "draw" on the back of the kitchen range and then strained through a collander. It should be taken hot in wineglassful doses every half-hour until the entire quantity is used. It may be sweetened, if necessary, to suit the taste of the patient. My reasons for preferring eupatorium as a diaphoretic are, that it is well adapted for universal use, being simple, inexpensive, and thoroughly reliable. Eupatorium has already gained a reputation in the treatment of epidemic influenza some fifty years ago, and I believe that it is only through our strong temptation to "run after newer gods" that this remedy has been recently overlooked by the majority of the medical profession. It received enthusiastic praise from Dr. Peebles of Virginia, who described its valuable virtues in the *American Journal of Medical Sciences* in 1844, and at this present day I can only re-echo what he then said of it.

Besides being a reliable diaphoretic, eupatorium has tonic properties that are of material advantage in the treatment of a disease such as influenza. Eupatorium is apt to cause nausea and vomiting with delicate stomachs if the infusion is made too strong, or the quantity taken at one dose be too large. This objection to its use can be easily avoided. It has quite a bitter taste, and therefore is not readily taken by children. With children, however, I prefer to use tincture of aconite in drop or half-drop doses, repeated hourly, or the

liquor ammonia acetatis and spirits of nitrous ether, either alone or in combination; or in severe cases the "diaphoretic pack." This is commenced by spreading four blankets, one above the other, on a bed or couch, and then take another blanket smaller and thinner than the rest, roll it up like a rug when used for travelling purposes, place it on end in a basin, and pour a pitcher of water nearly at the boiling point, through the center; by pressing at the sides the water quickly saturates the entire blanket, and then it is thrown into a large towel, by twisting the ends of which all superfluous moisture is gotten rid of. This is an important practical point as the blanket must be "moist," not "wet," or the action is delayed. This is now spread on the top of the dry blankets, and if not too hot, the patient is placed in the centre, so that the upper border of the blanket is on a level with the neck. The operator stands by preference on the left side of the patient, whose arms are at first raised. The left side of the moist blanket is then carried across the body and tucked well under the right axilla and the right side of the patient. It is applied tightly over the chest and abdomen, but more loosely over the lower limbs, so that by a gentle stroke of the hand it is made to lie in contact with the inner side of the thighs and legs, which would otherwise escape contact with the moist surface. The patient is then directed to bring the arms to the side of the body, and the right side of the blanket is brought across the body so as to cover both shoulders, the upper corner is placed under the left shoulder blade and the rest tucked under the side nearest the operator; this portion of the blanket is drawn tightly across the whole length of the body, which is also the case with the dry blankets, which are now applied separately in a similar manner, the upper corner of each side being placed under the opposite shoulder-blade and the remainder under the side of the body. A warm water bag or bottle is placed to the feet and the free ends folded under the legs. The moist blanket should not project beyond the feet. The patient is allowed to remain in the pack fifteen or twenty minutes, and then sponged off once with water ten degrees lower than the body temperature, as indicated by the thermometer, immediately after which a return to bed between blankets should be made. (From Dr. Wilde's article on thermo-therapeutics, *International Med. Annual*, 1890, page 64.)

In the employment of any diaphoretic, the use of hot water bags or bottles placed to the feet and plenty of bed clothes are important factors.

It is rarely necessary for the administration of eupatorium to be repeated, but should this occur, it can be done the following day or later with the best results. In some cases the sweating does not occur for some hours after the administration of the remedy, and here I have found that a few doses of aconite or spirits of mindererus will rapidly induce profuse perspiration. While we endeavor to relieve the congestion of the mucous

membranes through the sudorific function of the skin, there is no doubt in my mind but that we at the same time *eliminate a quantity of the toxine* causing the nervous symptoms of influenza from the system, for the latter are greatly relieved at the same time that the fever is abated, and the cough and sore throat relieved.

In order, however, to aid still further in the elimination of this disease-poison, we call upon the poison-destroying function of the liver, which function Brieger and others have clearly demonstrated this organ to possess. One of the best stimulants of the hepatic function is calomel in small doses. I am in the habit of giving a one-tenth grain tablet triturate every hour for eight doses to an adult, and subsequently repeating the dose every three hours until the bowels are freely moved. The idea is not to eliminate any toxic material by the bowels, though this occasionally occurs in the natural termination of the disease, but rather to stir the general physiological functions of the liver to increased activity, amongst which functions is the special one of destroying ptomaines or toxines. The correctness of this plan of treatment in epidemic influenza is shown in the satisfactory and beneficial results which follow. Even in the severest cases, that as we all know are likely to be attended with many complications and prolonged convalescence, under the eliminative treatment the necessity for further medication is rarely or very slightly needed.

I am well aware of the fact that many will claim that equally as good results can be obtained by the use of phenacetine or any other of the coal tar series of antipyretics. Even such good observers as Drs. Watson and Curtin of Philadelphia, in their article on the treatment of influenza in the *American Journal of Medical Sciences*, February, 1892, mention salicin, that is commercially one of the same class of chemical products as phenacetine and antipyrine, as "coming as near to being a specific as we can get with the drugs now in our possession." And yet in a previous portion of their paper they warn the profession against the use of the so-called *antis* for fever, as we have as the result of their use a combination of two depressions, one from the drug employed, the other from the disease itself. I am of the humble opinion that the entire list of coal tar products employed for the reduction of fever are therapeutically injurious in the treatment of germ diseases that are self-limited in character. I believe our object should be to *eliminate* the toxine from the blood as rapidly as possible by those means pointed out to us by nature in the ordinary termination of the disease. I do not believe that the newer antipyretics accomplish this end as well as simpler means, for the reason that in reducing temperature and causing diaphoresis they at the same time retard the metamorphosis of waste tissue, which in all probability becomes an additional poison to that already being produced, hence the nervous depression frequently following their use.

When the cough is persistent, after all the acute symptoms have ceased, or even before, if annoying, I am in the habit of employing citrate of potash, forty grains; syrup of ipecac, twenty drops, given in a half ounce of lemon juice and simple syrup. This is the famous Begbie mixture, so popular in England. A small quantity of Aubergier's syrup of lactucarium may be added with advantage. This is a most palatable cough syrup, and the dose is to be repeated every four hours.

It has been claimed that the citrate or other salt of potash has wonderful curative properties in the treatment of influenza. Be this as it may, I have always found the Begbie mixture most excellent for relieving the harassing and distressing cough in a very short while. At the same time it was being used, I have also observed the heavily furred tongue rapidly regain its normal condition, without any other medicinal action upon the stomach and intestines being employed.

Now and then we meet cases during an epidemic of influenza, where the febrile and catarrhal symptoms are very slight, or have readily submitted to simple domestic remedies, but there is much complaining of dizziness, bursting headache, with occipital pains extending down the nucha, and even general muscular pains and tenderness. No doubt these are the cases where the coal-tar products before mentioned are better indicated than where there is a rise of temperature, but I wish to recommend the use of nitrate of silver in these cases, according to the following method: Five drops of a one per cent. solution are added to two fluid ounces of water and a teaspoonful of this dilution given every two hours. The dose represents about $\frac{1}{10}$ th grain of the salt. There is a distinct metallic taste of the salt and the solution becomes discolored on exposure to light. A speedy and permanent relief of the symptoms ensues in twenty-four hours, without danger of producing further depression in delicate nervous subjects, as might occur from the use of phenacetine, antipyrine and their cogeners.

The dose of nitrate of silver is small, but sufficient to produce its *primary physiological effect*, which is now well known to be the *direct antagonist to the secondary or full physiological effect of the drug*, which latter is in a measure well illustrated in the group of symptoms for which the remedy is efficient.

There are always to be found in the practice of every physician, during and even preceding the outbreak of an epidemic of influenza, patients who present the features of an ordinary catarrhal attack. These cases are no doubt regarded by many, at such periods, as being mild or undeveloped cases of influenza. They complain of lassitude, feeling hot and cold, muscular aches, perhaps coryza and slight cough, but are not sick enough to lay up, or at least are unwilling to do so. In such cases I have used with beneficial results the following pills: Bisulphate quinine, 2 grs.; camphor, 1 gr.; extract belladonna, $\frac{1}{2}$ gr.,

every four hours. Capsicum in $\frac{1}{4}$ gr. doses may sometimes be substituted for the belladonna with advantage.

For the purpose of sustaining the heart's action, more especially in aged persons, or those upon whom the depressing effect of the disease is unusually manifested, I prefer the use of alcohol, or what is even better, caffeine, either in the form of the soda-benzoate for hypodermic use, in doses of $\frac{1}{2}$ to 1 gr., or the bromo-caffeine or coca wine for internal use. I begin the use of coca wine early in nearly all my cases of influenza, and have experienced no complications of heart failure or gastric irritability in the further course of the attack.

During convalescence, I prescribe in all of my cases a nerve tonic, such as the compound tincture of chamomilla, as a "tapering off" treatment. I find that it helps revive the patient and enables him to "pull himself together" with greater ease than on nutrition alone. It contains phosphorus, bryonia and ignatia in small quantities, also cinchona and chamomile.

In conclusion, the most important point of the entire treatment is involved in the question, When shall the patient be allowed to go out of doors? The answer to this lies in the principle of entire rest of body and mind, and the carrying out of the eliminative plan of treatment that I have advocated so earnestly as the rational treatment of epidemic influenza. Certainly not until the patient has lost all feeling of fatigue, and feels himself strong again, and all lung symptoms have disappeared; then a ride on a bright sunshiny day, during the mildest part of the day, is preferable to walking for the first outing. Night air should not be allowed for many weeks after recovery from a severe attack of epidemic influenza.

ON EPILEPSY.*

BY J. A. LARABEE, M.D., LOUISVILLE, KY.,
Professor of Diseases of Children, The Hospital
College of Medicine.

NOTWITHSTANDING the fact that epilepsy, as a disease, has been described by the oldest medical writers, and that it is in all probability coeval with the oldest history of man, we are as unable to-day to demonstrate its pathology and indicate its cure, as when, 2,380 years ago, it was graphically described by the great "Father of Medicine." The most comprehensive answer to the question, What is epilepsy? is, that it is an explosion of nerve—electrical—force, or in a word, vaso-motor spasm.

With the exception of those instances where traumatism has established an irritating cause, the brain of the epileptic, dissected after death, shows no lesion which could be made to account for the seizures. While there is a marked leaning of medical authorities to heredity as a pre-dispos-

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ing cause, there is very great reason to doubt, and statistics by no means confirm such a theory.

In regard to chronic alcoholism on the part of either parent, statistics are more conclusive, and leave very little room to doubt that drunkenness stands in the relation of cause and effect in the production of epileptic children.

Syphilis—that protean hydra of the human race—has also made claims which are not proven. It cannot be doubted that acquired syphilis is productive of serious organic lesions of the nervous system, but epilepsy is not one of these.

That parents of highly nervous organization, hysterical mothers and neurotics in general, are likely to transmit to their offspring a diathesis favorable to the development of epilepsy, is entirely agreeable to what we know of diabetes and other neuroses.

Statistics gathered from asylums and hospitals, show that one-third of all cases of epilepsy in children have begun before the tenth year of life, and that three-fourths of all before the twentieth year.

Hippocrates, nearly three thousand years ago, wrote these words concerning epilepsy: "The cure may be attempted in young persons, but not in old." This paper is based upon the analysis of twenty cases of well established epilepsy, covering a period of seventeen years, and ranging in age from five to twenty-five. All have been cured, or, in other words have been entirely free from *grand or petit mal*, since treatment, but the recent cases cover now only two and one year observation. Of course these still remain doubtful. One case, a girl of ten years, who had as many as five or six *grand mal* seizures a month had a severe spell last September, after a whole year of perfect immunity. She is not included in the above number. It is interesting to note that this attack was undoubtedly brought about by a hearty meal of sausage and pork. The mother remembered better than I, that I had said in my lectures that the child could be allowed to eat meat at the end of the year if she had no spells. On the very anniversary of that day she gave the above *menu* for supper. She has again been put on treatment and has had no return up to now.

The first case, seventeen years ago, was an adult who was obliged to give up a lucrative position by reason of the frequency of his attacks. He had been treated for years unsuccessfully by bromides and presented the bromidean acne when he came to me. He remained two years under treatment, and is now in California and at last accounts well. He was treated with sulphate of copper and had the copper line well marked upon the gums. Six other adults have been discharged and remain well. One treated by gold has had no spells for six months. The remainder were children at and below the age of puberty. One patient still under treatment with chloride of gold and sodium, although markedly benefited, has been obliged to suspend the treatment on account of bowel and

stomach derangement. From my limited experience I have found the salts of zinc and gold to be more irritating than the ammon. sulph. of copper, which I prefer.

I believe, that nitrate of silver in small doses, continued long enough to produce argyria, will result in the cure of 90 per cent. of epileptics. But the disfigurement is of such a character that it would be unwarrantable practice without a written contract in which the patient agrees to look all through his life like a highly polished stove pipe. Believing as I do that the metals tin, copper, zinc and gold all act in the same manner, namely; storage in connection with the nerve cells in the discharging areas of the brain, I have used them with the above results.

Two of my epileptic patients, not included in the above list, have died in a fit—both could have been saved had any one been present. One, a most estimable lady, was found face down upon the bed; the other fell into a tanner's vat where he was employed. No epileptic should be allowed to sleep on a feather pillow.

In speaking of my treatment of these cases, I claim nothing new or original. The therapeutics of epilepsy has included at different periods in the history of medicine nearly every drug and chemical in the *materia medica*, nor is it strange that a disease, whose pathology is shrouded in mystery, should in ancient times have been the subject of all that is mythical, mysterious and superstitious in medicine. Not only has the earth and sea been scoured for remedies, and vile and disgusting concoctions made from the animal and vegetable kingdom, but the planetary system has been invoked, and the subtle salts of the alchemists have had their day, and, what is stranger still, their cures. The charm and the amulet, the mistletoe gathered under the exacting rules of the Druids, have all cured under the dominant idea.

Bromides.—The introduction of bromic acid, united with various bases, marks an important era in infantile therapeutics. This is the "Sweet oblivious antidote" dreamed of by the immortal "Bard of Avon," with which we may "Erase the writ tablets of the brain." While the bromides are inadequate to the cure of confirmed epilepsy, they are of all agents the best to obtund the brain to peripheral impressions. Their sphere of action is in the prevention rather than in the cure, and some one of the salts of bromine should be continued for two weeks after a fit of eclampsia in the infant or child. A longer continuation is apt to produce unpleasant symptoms of bromism. Ammonia is the best base for any of the acids, therefore, preferable to potash. In adults these agents carried to their toxic effect, secure often long immunities to a seizure, but only so long as a condition bordering upon imbecility lasts. With a cessation of the drug and a return of the nerve centers to their pristine vigor, the attacks return in full force. It is quite different with the child, and some permanent cures may be expected in the growing brain from the administration of bromides.

Nocturnal Epilepsy, Night Terrors or Nightmares.—The fact that epilepsy may exist for a long time unobserved is important. When a strong, healthy man or woman is heard to utter a cry and seen to fall to the ground in a convulsion, attention is attracted to them. When a child stops for a moment at its play and fixes its eyes upon some object, remaining immovable for a moment of time, and then without any other manifestation resumes its play as though nothing had occurred, no attention is paid to it. Such attacks, however, constitute the "*petit mal*" of epilepsy. "Not infrequently children awaken in the morning complaining of violent headache, and the soiled and disarranged bedding afford the only evidences of a struggle concerning which the child has no recollection." Such instances are by no means uncommon, and their true nature is only revealed by some fellow occupant who is put to watch them.

The relation of night terrors of children to epilepsy is also a matter of very great importance. This distressing condition, often "poohed" at and less frequently, but too often, made the subject of chastisement, has a marked effect upon the growing brain, and forms the background in the history of many an adult epileptic. Children who by inheritance are possessed of a neurotic diathesis are more prone to such attacks.

When such authorities as Hennock, of Berlin, and Goodheart, of London, make the statement, that they do not consider food to be a factor of any prominence in the etiology of night terrors, it may seem presumptuous for me to compare my limited experience and limited opportunities of experience with their extensive observation. Nevertheless an honest difference of opinion, however humble the source, is offered in the spirit of truthful investigation. From that experience I am forced to conclude that not only certain foods, but also the time at which they are taken, has largely to do with the production of night terrors, and consequently with the development of epilepsy in childhood. I have met with very few where the night terrors were not traceable to *in-jesta* in the intestinal tract, and with none in which a regulation of diet, especially the last meal, did not inaugurate an improvement and an amelioration of the night attacks.

Nitrogen is an essential element in gunpowder and other explosives, with the destructive force of which we are only too familiar. It is scarcely less dangerous and destructive when circulating to an excess in the blood of animals whose nerve force it has the power of suddenly discharging. Epilepsy may be produced at will in the young of even carnivorous animals by feeding raw meat during the period—formative—of lactation. Kittens so fed, will develop fits in a few days which prove fatal if continued, but which cease with the withdrawal of meat. Horses, over fed with stimulating, nitrogenous foods, have epilepsy, and fall trembling in the harness. A piece of raw beef steak with tea or coffee at supper will be as

equally certain to cause an uproar in the nursery during the night.

It is a suggestive fact that the brightest minds that have adorned our nation, and the greatest statesmen who have figured in history, were put to bed as children upon bread and milk or oaten porridge. Whether or not the "Meat and Morals" of the great Russian reformer, "Tolstoi," shall receive scientific endorsement is yet to be seen, but quiet sleep and brain rest in children are both incompatible with meat and tea and coffee. Nine tenths of all the various convulsive manifestations in infancy and childhood have their origin in intestinal irritation, or from a loaded bowel, packed cæcum or intestinal worms.

I can remember when I used to prescribe bromide, chloral, sulphonal, etc., for the muscular, gastrocnemius cramps of elderly people with some temporary benefit. Latterly, however, I have found much in common between childhood and age. I find that an acid condition of the jejunum and ileum from faulty assimilation of faulty food is the cause of the acidity, and I have also found that a simple alkali, as soda bicarb., taken on retiring, secures exemption from the trouble.

The intellectual status of confirmed epileptics is often a matter of astonishment, when we take into consideration the apparent gravity of the seizures. When an explosion occurs in one of the discharging areas of the brain, the senses are under shock, and a condition like concussion occurs in the centers of conscious thought. Nearly always, before the suspension of consciousness, the victim ejaculates a word or sentence, which word or sentence remains peculiar to the individual, and then immediately the memory is obliterated. Often the aura is through one of the special senses, as vision, smell, or peripheral irritation. The same object is seen, the same odor is smelled and the same peripheral zone is felt before each seizure. My experience among children leads me to indicate more frequently an ocular spectacle which is remembered as a ray of light approaching and blinding the victim. As regards the vigor of the intellect of epileptics, it must be admitted that in the growing age it is impaired by the attacks and often results in imbecility, while in age memory becomes almost entirely obliterated and the various manifestations of softening occur.

The fact that some of the world's greatest masters have been life-long epileptics must not be forgotten. The greatest epochs in history have been inaugurated by epileptics, while poets have sung and martyrs have suffered under its strange hallucinations. Upwards of a hundred millions of the world's population to-day bow the knee as devotees to the erratic religious devotions of an epileptic, whose prophetic visions and vagaries were but a part of his epilepsy. The old Roman wall of England, the broken arches upon the Rhine, the lofty peaks of Cis-Alpine Gaul bear silent witness to the indomitable will, fortitude and genius of an epileptic, who lived before

the Christian era; while in the still remembered years of modern history we recall the burning of Moscow, the carnage of Austerlitz and Jenna, and the culminating battle of Waterloo as the work of an epileptic whose gigantic intellect was extinguished amid the tempest of that awful night at St. Helena.

Persons who develop epilepsy after the age of puberty appear to retain their mental vigor in the interval of the attacks, and are often capable of attending to all the duties of life. They are, moreover, possessed of strong will power and determination. If a religious trend has been given to their character, they become very devout, often fanatical, and make sacrifices which would be quite impossible for ordinary individuals.

Confirmed epileptics often enjoy immunity to attacks by a pre-occupancy of the mind or by engagements in hazardous undertakings, *e. g.*, a famous church spire painter who worked in Louisville was an epileptic, and could be seen any day suspended upon his airy platform 150 feet above the ground. He never had a spell while aloft pursuing his work, but once back upon *terra firma* he would be seized with a fit. So marked is this feature that treatment by a new physician, especially if he be a celebrity, often secures a long immunity to the seizures. The knowledge of this fact should caution us against attributing the relief to our therapeutic measures.

Epileptics seldom die in a paroxysm, but oftener live long and useful lives. A gentleman well known in this city and throughout the State, whose Christian example and good works will be handed down to future generations, has been an epileptic from boyhood. He was refused life insurance over forty years ago and has outlived every one of the agents and physicians of the company. He has been twice paralyzed, first right and then left hemiplegia, and is to-day a sound reasoner and thinker.

I desire to call especial attention to the importance of the treatment of infantile eclampsia. The commonly accepted fact that convulsions—epileptiform—are of frequent occurrence in inverse proportion to age, may possibly be the cause of carelessness in general practice, the consequences and the importance of a complete restoration of the nerve centres is forgotten. The foundation for future epilepsy is thus laid. This is about the way it runs: The family physician is called to a child in a fit. He arrives—is informed that it is all over—the child has had a spasm, but is now sleeping quietly. If he wishes he can come in and see it. Now, instead of explaining to the friends the importance of after treatment, care, diet and possible medication, he is too apt to say: "Oh, never mind, I guess it will be all right, and if he has any more trouble let me know."

The increasing tendency to convulsions in infancy may be attributed to two principal causes, namely: First, the more perfect development of the animal brain—cerebellum—second, the immature development of the intellectual brain—cerebrum.

All the acts and functions of the new born babe are reflex, rhythmical only becoming manifest with the deposit of gray matter, *e. g.*, Cheyne-Stokes respiration denotes serious disease in a child or adult, but it is the normal respiration of an infant. The pulse has no regularity, and noise and slight concussion are responded to, as in a frog poisoned by strychnine. Gradually, however, the will power, "that column of true majesty in man," develops and asserts its power over the spinal system. Just in proportion to this development or non-development an infant remains liable to convulsions. Every practicing physician knows of families possessed of such a diathesis and learns that a hasty summons on account of some trifling ailment means a spasm. A child who has a convulsion from any of these causes is more liable to have another from a lesser cause, and so on until finally a "status epileptica" is established, after which the fits occur without any apparent cause. We know comparatively little of the process by which such photographic impressions are made upon the growing brain of the infant, but we do know that the stains are well nigh indellible.

THERAPEUTIC MANIPULATION AS A REMEDY FOR CHRONIC CONSTIPATION, DIARRHEA, DYSPEPSIA AND OTHER ABDOMINAL DISEASES.

BY GUST. SANDBLOM, MEDICO-GYMNAST, NEW YORK.

THERE is a wide difference between the common massage-treatment or rubbing, and a therapeutic manipulation. The first consists of a general massage over the whole body, a thorough kneading of all the muscular parts, attended by hacking or beating and stroking, none of which demands special technical skill; the latter, on the contrary, is a local treatment, different for every different disease, and founded on hundreds of passive and active movements, of which each has its own purpose, and which demand of the operator a skill to be acquired only after years of practice. Of the therapeutic manipulations massage is only a part; while in many disorders no massage at all is used. In order to show how difficult it really is to apply a therapeutic manipulation in the right way, I will give, as an example, one of the passive movements; namely, a "vibration." Place a glass filled with water in the middle of a good-sized table, then lay the hand on the table and try to vibrate. If the vibration is correctly applied, it will stir the water-surface only in the center; on the contrary, if the vibration is misapplied, it will move the water as a whole from side to side of the glass.

Of the great value of therapeutic manipulations, especially in abdominal disorders, strong proof is given by the history of mechano-therapeutics. I will only mention the names of some of their most eminent promoters.

As early as 2700 B. C. the therapeutic manipu-

lation was particularly described in a work of Kong-Fu in China. (Lepage: "Historique Sur la Médecine des Chinois," Paris, 1873.) In Europe we find this treatment first among the Greeks. Hippocrates (460-377 B. C.) mentions it as valuable in certain abdominal disorders, such as chronic constipation, etc. We find it later among the Romans. It was especially appreciated by one of the best known Roman physicians, Galenus (131-201).

In the 16th century we find it referred to in a work of the great Ambroise Paré (1517-1590). During the 17th century it was more and more acknowledged by the physicians. In the beginning of the 18th century, the eminent Friedrich Hoffmann (1660-1642; "Dissertationes Physicomédice," Halle, 1708) speaks of the importance of gymnastics and massage, especially for the appetite, circulation, etc. At the end of the century, in Germany the therapeutic manipulations were in much favor, and a good deal was written on the subject. In France, too, it attracted no little attention. Many works testify to this, among others see: "Programma de Frictione Abdominis" of Quellmazt; "Gymnastique Médicale, 1820," of Londe. The honor of having developed the treatment to the present completeness belongs to Peter Henrik Ling (1776-1939), Sweden, and Dr. Mezger (1860), Amsterdam.

Ling settled and built up the existing system; his work is recognized by many eminent physicians of our day.

In order to show what is claimed for the therapeutic manipulations, let me explain the action of the following passive movements and mention what disorders are with most success treated by them: * 1. Friction and pétrisage. 2. Vibration (nerve and abdominal). 3. Shaking. 4. Taptoment. 5. Efflurage.

I. Friction and Pétrisage.—These manipulations have a powerful influence on the whole abdominal circulation, increase the secretion of gastric juice and the appetite, cause renewal of the digestion canal's epithel, develop muscularis, improve the digestion, raise the power of assimilation and strengthen the peristaltic action. An especially favorable subject for these manipulations is chronic constipation. Patients of high age, after suffering from this disorder for a third of a century and losing all hope of a cure, have by careful and energetic treatment been effectually relieved. The friction is of great value in accelerating the regressive metamorphose by exudations and infiltrations. With these manipulations the following disorders are successfully treated: dyspepsia, chronic affections of the stomach, liver and kidneys, ventricle-dilatation and spasmus-ventriculi.

II. Vibration.—When by this movement a nerve, or nerve-plexus, is set in vibration the effects are: contraction of the muscles and

smaller blood vessels, increase of the nervous energy, diminution of pain and increased secretion of the glands. For chronic diarrhoea, especially, is this manipulation of great value. I have treated many cases where the ailment had for years resisted ordinary remedies, and with the best results. Sometimes even the first vibration stopped the diarrhoea, and by a few weeks' continued treatment the patient has been cured. The quality of the vibration in relieving pain is especially to be seen by painful gastric conditions, such as nervous dyspepsia, acute catarrh, etc. By vibration on solar plexus and frictions on the dorsal sensory nerves, I have often, after a short treatment, found the pain greatly diminished. Vibrations may also be used for relieving pain caused by acute general peritonitis, perityphlitis, colic, for pain at the menstrual period, metritis and endometritis.

III. Shaking.—A bracing and animating influence upon the nerves is produced by this movement; it stimulates to a great activity and increases the secretion of glands. It may be applied with benefit to spasm of diaphragma, also to chronic affection of the stomach and liver.

IV. Taptoment.—The taptoment, as mechanical irritating remedy, is of much power. By this movement the activity of the superficial nerves and vessels is raised; the muscular fibres are set in vibration, which is propagated to the internal parts. The taptoment, in connection with other manipulations, is used in disorders of the bladder, male and female generative organs, etc.

V. Efflurage.—The circulation in lymphatic and blood vessels is accelerated by this movement. The efflurage is especially applicable where great prudence is to be observed; as when the manipulation is aimed at the antiflogos, treatment of the prostate gland, etc.

The active movements, by increasing circulation, both to and from the abdomen, are of vital importance in therapeutic manipulation. Amenorrhœa, dysmenorrhœa, menorrhagia and metrorrhagia are successfully treated with them. In cases of failing mensus, I often found these movements to be specially valuable. The active movements applicable for abdominal disorders consist of a great number, which I have no space to describe in detail.

The main conditions for a good result in therapeutic manipulation are to thoroughly know the physiological and curative effect of each manipulation, to be able to carefully perform a palpation, and such an easy, self-directing, deft working of the hand during the treatment as to give the whole attention to the tissues which are worked upon. Herein lies the secret of the good effects a skillful medico-gymnast gets by his labor.

This brief statement is designed to indicate in bare outline the method and power of the medico-gymnastic system in relieving and curing some of the most trying disorders which flesh is heir to.

To this branch of therapeutic manipulations—viz: that relating to the abdomen—I have for

*During the application of the manipulations there is no need that the abdomen should be exposed.

years devoted special attention, in the way both of study and practice.

A report on every case entrusted to me by a physician will be made to him every fortnight, or oftener, if desired.

LIFE IN THE CELL.

THE CAINOZOIC AGE—MAMMALIAN LIFE—TERTIARY PERIOD.

BY JAMES A. CARMICHAEL, M. D., NEW YORK.

FOLLOWING as succinctly, and in as cursory manner as possible, the development of mammalian life, the primitive marsupial life is traceable from the anterior reptilian, and from that form of it represented by the dinosaur, or as it has been designated, "the terrible lizard." The special affinity consists in the habit common to the two, of "walking on their posterior limbs, seldom bringing the anterior limbs to the ground." This, as we know, still obtains in the more modern kangaroo. But the reptilian ferocity which made the dinosaur "a formidable foe to other and more defenceless animal forms," departed with the cretaceous period of the Mesozoic Age, and a higher order of animal life appears under the stimulus of a new and more vigorous cell activity. The evolution of life, dating from this point, was rapid and uninterrupted, and, according to the changes taking place upon the earth's surface, so were the corresponding changes in the animal structural forms. The abundance of plant and arboreal life afforded sustenance for such creatures as could subsist upon it, and hence the herbivora sprang into existence, and continued to grow and increase. The marsupial form gave place to the more matured and vigorous quadrupedal form, and the *palaetherium*, *παλαιός, Ηέρια*, ancient wild beast, as he has been designated, both a herbivorous pachyderm, and a mammal, possessed the first formation of a *prehensile lip*, and represented the long line of succession afterwards appearing in the "proboscidae," viz.: the elephant, tapir, peccary, horse, pig, etc. Another generic form appeared in the "anaplotherium," as restored by Cuvier, whose characteristics might readily be, and doubtless were transmitted to the higher grades of the herbivora, viz.: the horse, zebra and ass—*equidae*—and to some of the carnivora, lion, tiger, panther, etc.—*felidae*—or the wolf, dog, etc.—*canidae*—and still another of the important mammals of the Eocene period of the Cainozoic Age, the *xiphodon*—whose "long, slender limbs, elongated neck, and graceful form antetyped the long line of *cervidae*, embracing the camel, giraffe, llama, deer of all kinds, antelope, sheep, goat, etc. The tertiary seas, too, were abundantly prolific of life, and numbered the vast varieties of the *cetoidea*, whales; *phocidae*, seals; *tricheciæ*, walruses; *otaridae*, sea lions; *macrorhinidae*, elephant seals; *chelonia*, turtles, and other innumerable piscine forms. Towards the close of the Eocene period, and the be-

ginning of the Miocene, geologic evidences are not wanting of the existence of several varieties of birds. Huge mammals left their fossil bones to mark this period of the earth's transition, among them the 'dinocerata,' gigantic mammals with herbivorous habits," and later on, in the Miocene period, the huge "brontops robustus," "whose fossil bones have been found in great numbers in recent years in the miocene deposits lying along the eastern borders of the Rocky Mountain highlands, the *dinothereum*, found in several localities in Europe, the *mastodon*," the teat-like toothed animal, as described by Cuvier, found in this country and in Europe.

Passing on through the Pliocene period, the Tertiary period of the Cainozoic Age, there was an uninterrupted continuance of the development of the mammalia, also of rapacious birds, the condor, the vulture, eagle, etc., and in the Post Tertiary period, called the age of the great mammals, viz.: the *mammoth*, the *megatherium*, the *mylodon*, and the evolution of the true carnivora, lions, tigers, bears, etc. During this period, the earth was roamed by savage beasts, whose untamable ferocity began at that remote period, and still marks their savage character. Though man's controlling influence may sometimes subdue them unto himself, yet the native element of brutality, and the dormant carnivorous instinct may at any time leap into active vigor, and mangled human flesh and crunched bones are all that is left to testify to the still unsubdued instinct to kill, and to man's folly in attempting to overcome where nature forbids the attempt. The Post Tertiary period was fruitful of many remarkable phenomena besides the growth and development of its mammalian life. While the surface of the earth was trodden by savage beasts, and its enveloping atmosphere echoed their rancorous growls of hate and deadly ferocity, nature was quietly engaging the instrumentality of her wondrous little agent, the protoplasmic cell, in doing other work than making wild brutes. Flora was scattering beauty from her bounteous fingers, and, as in the preservation of the continuous links of procreation and progress in animal maturity, so in the evolution of plant and floral life that prevailed at this epoch of the world's existence, one form of beauty followed another; the one, the complement of, and continuous outgrowth of the other. Arboreal life, too, flourished in the Post Tertiary period, and our familiar pine, fir, spruce, hemlock, oak, ash, beech, maple and cedar, first saw the light and breathed the air of those remote days, and the rose smiled and dimpled at the sun as she stole his ray, held it, and decorated herself with it, a pious theft. The thought of the poet was not yet born, that sung of her fragrant beauty,

"Full many a flower is born to blush unseen
And waste its fragrance on the desert air."

The apple and the strawberry lived and died, unconscious of that coming animal who was one day to revel in the delight of their succulent juices, that omnivorous and greedy animal, man, "of

created things, the undisputed lord of all." The superabundant growth and luxuriance of plant life afforded unlimited food and sustenance to animal life, and "in proportion as food was ample, nutritious, and easily obtained, *cell proliferation* was rapid, and anatomical growth augmented, and these conditions being present, the long ages of the Post Tertiary period saw the highest development of animal life that has ever appeared upon the earth."

We pass over the next succeeding Post Tertiary period of the generic Quaternary, which would consider the still further development and maturity of animal, bird, molluscan and insect life, and resume our thread at that portion of the Quaternary that brings us face to face with man's "counterfeit presentment," the anthropoid ape. The Quaternary period proper has been geologically divided into two ages, the age of apes and the age of man, and the recognized physical, and in many respects, mental attributes of the one, are represented and repeated in the other; hence the accepted use of the term "anthropoid," *ἀνθρώπος*, man, and *εἶδος*, like, as applied to the Siamese representative. To our mind, no work performed by the seeker after the truth of the association existing between man and the antecedent orders of created life, is more important and more engaging than the establishment of the existence of the indissoluble links in the chain by which they are held, from the lowest to the highest. There is no gap, no "missing link," but one unbroken continuity is revealed to, and rewards the energy of the student of animate life, from its very earliest beginnings, and from its simplest and most degraded form, onward to the ultimate perfection and universal fitness that characterize every element that enters into the construction of the highest form of life that inhabits the earth. Looked at from this point of view, the minutest zoic entity, be it animated with the feeblest and most transitory life, and keep the tiniest and most fragile hold upon that life, and only capable of such vital phenomena as may mark the dividing line between life and death, yet it lives, and claims its right of place among living things. Not only so, but it claims too an identity of origin and congenerous affinity with the creatures, whose place, though in a more exalted sphere, is not yet too far for the microscopic quest of all seeing science to detect that identity and affinity, for its keen and incisive thought to expound and explain, and for its trumpet-tongued voice loudly to proclaim, so that all may hear and know. Some man may say, "its a long cry" from a monad to a man; so it is, but science says the "long cry" reaches all the same, and the Omnipotent Maker of Law gathers all things together, and holds them in the "hollow of His hand," and the unity and indivisibility of life upon earth, are as complete as is that of the Power whose life was, and is, and will be forever, one and indivisible. Again, some man may say—and we've heard him say it—that it was a degrading

thought to think that man's evolution was from an ape, and that his ancestral lineage compelled the paternal and maternal recognition. It wasn't the thing at all, and he wouldn't have it, that he must see a brother or a sister in a chimpanzee or a gorilla, and when his fraternal emotions were uppermost, and demanded indulgence, he might find in any of the Simian tribe an object upon which to bestow them and give them full play.

Such a man sees nothing in the grand thought of the unity of the law that begat and has maintained life, from its very earliest beginning in the dim Silurian Age, when the earth had not long—as measured by the incalculable aeons that have been consumed in attaining its present perfection—been projected from the creative hand, and made the abiding place of all living things. He doesn't care to inquire into these marvels of the origin and development of organic life. What does he know or care who made the world and how, so long as he can roam it at will, and "rufflei t wi' the best of 'em," and make it subservient to his *petites et grandes passions*? He only feels the *affection* to his "amour propre" that would give him any place "lower than the angels," and at every conscious moment his ear hums with the soothing lullaby, "I am Sir Oracle, and when I ope my mouth, let no dog bark." There's another refrain that a little introspection might wake up in his musical soul, "Thou wear a lion's hide? Doff it, for shame. Go, hang a calfskin on those recreant limbs." The thought has often occurred to us that in placing such a man in the scale of creation, the ape might be considered the nobler animal of the two, and that it was rather a hardship upon the Simian to give the precedence to such a specimen of the genus *Homo*. The Simian roams his native woods, and follows the instincts and intelligence of his nature, while the *Homo*, although surrounded by the influences of an enlightened and elevating civilization, but too often remains ignorant and degraded, and the mere instrument for the exercise and exhibition of low and groveling passions and

"Habits that, well pursued betimes
May reach the dignity of crimes."

Without going too deeply into the consideration of the analogies of the structural conformation that exist between man and the creature next below him in the scale of animal life, the anthropoid ape, it will for the present suffice to reproduce a few opinions given by eminent authorities upon this subject, to show how naturally the one succeeds the other, and that the all pervading law, whose operations we have been following, as we have passed along through the records of the geologic ages, dating primevally from the primitive zoic, has shown no variation or change from its inflexible purpose, and from the consistency of its operations in projecting life upon the earth, and in befitting its various and multitudinous forms to the requirements incident to the terrestrial conditions by which they were environed, and which they found to be congenial to their needs and necessities.

In a comparison of the skeletons of the orang or chimpanzee with that of man, Prof. Owen says: "I cannot shut my eyes to the significance of that all-pervading similitude of structure, every tooth, every bone, strictly homologous, which makes the determination of the difference between *Homo* and *Pithecius* the anatomist's difficulty," and yet again certain generic differences have been noted to show that the other feature of creative law has been as inflexibly preserved in the unity of its operation, the steady and immutable principle of improvement, enlargement and progressive development of the more advanced organism, as compared with that which was antecedent, but now left behind in the continuous march towards the more perfected organization. The anthropoid ape was anthropoid in very many organic facts of its structural conformation, of its physical anatomy.

But a new birth was necessary to meet improved telluric conditions, a restless cell activity had been in impatient travail. The homunculus had been growing and accreting in the womb of the regenerated earth, and must "burst its cerements," leap forth, and claim its place and its birthright as the exponent of the highest order among created things. Man, "the image of his Maker" was born into the world, "God made him, and therefore let him pass for a man." While he still retains his certain affinities with the creature below him, and while the conditions of his earliest beginnings are so nearly allied to other more degraded forms, as almost to represent an identity, yet a subsequent maturity infallibly marks the higher organism, whose portraiture will ever live in the imperishable words of the master-mind of all time, "What a piece of work is man! How noble in reason, how infinite in faculties! In form and moving, how express and admirable! In action, how like an angel! In apprehension, how like a God!" With regard to the conditions of man's earliest beginnings, and their identity with those of other forms below him, Prof. Huxley says: "Without question the mode of origin, and the early stages of the development of man are identical with those of the animals immediately below him in the scale. It is very long before the body of the young human being can be readily discriminated from that of the young puppy, but at a tolerably early period, the two become distinguishable by the different forms of their adjuncts, the yolk-sac, and the allantois. But exactly in those respects in which the developing man differs from the dog, he resembles the ape. So that it is only quite in the latter stages of development, that the young human being presents marked differences from the young ape, while the latter departs as much from a dog in its development as the man does; startling as this last assertion may appear to be, it is demonstrably true, and it alone appears to me sufficient to place beyond doubt the structural unity of man with the rest of the animal world, and more particularly and closely with the apes." A few words

more in relation to points of difference between man and the lower animals, and his great superiority over them. According to Mivart "On comparing the brain of man with the brain of the orang, chimpanzee and baboon, we find a successive decrease in the frontal lobe, and a successive and very great increase in the relative size of the occipital lobe, certain folds of brain substance called "bridging convolutions," which in man are conspicuously interposed between the parietal and occipital lobes, seem as utterly to disappear in the chimpanzee as they do in the baboon, etc." Wallace, in his interpretation of Darwinism says: "The evidence we now possess of the exact nature of the resemblance of man to the various species of anthropoid apes, shows us that he has little special affinity for any one rather than another species, while he differs from them all in several important characters in which they agree with each other. The conclusion to be drawn from these facts is, that his points of affinity connect him with the whole group, while his special peculiarities equally separate him from the whole group."

CLINIQUE.

ACUTE ANTERIOR POLIOMYELITIS.*

BY PROF. N. A. GRAVES, M.D., CHICAGO, Ill.

THE history briefly, is this: A well nourished, well developed man in good health has pain in the back, extending to his legs and arms, is suddenly paralyzed in his legs and shortly afterward in his arm. No anesthesia, no loss of any of the special senses and very little pain after paralysis.

A short time after paralysis atrophy of the muscles of the legs and arms began. The reflexes are lost or nearly so. The heart, lungs, liver, stomach and other organs of the body are healthy, apparently. His temperature is below normal usually, tongue clean and moist, and his appetite good. His legs feel cold, as does the left arm. We have then from this history a disease of the spinal cord, and of that particular part of the cord which gives origin to the motor nerves. As this refers us to the anterior horns of the gray matter of the cord, we shall call the disease an acute anterior poliomyelitis. The disease is by many considered identical with the well known disease of childhood, acute anterior poliomyelitis, or infantile spinal paralysis. The clinical and pathological histories are the same. Authorities speak of an acute and a chronic form of this disease, but as no marked clinical differences have been shown, and pathologists show only an extension of the disease from the gray matter to some other portions of the cord, we shall speak only of the

*An abstract of a Clinical Lecture delivered at the Cook County Hospital, Jan. 31st, 1894.

one form. The cause of this disease is still obscure. In some cases it can be traced to exposure to cold or dampness, or it may follow some acute disease. Traumatism is a possible cause. Syphilis seems to play no part in its etiology. In one of my cases, a boy of five, the cause seemed to be over exertion and exposure to cold. He had been riding a tricycle for over an hour and got thoroughly warmed up. He then sat down on the stone steps in front of the house with his back against another stone. This was in the evening. The following morning his legs were paralyzed. In many cases no cause can be ascertained. In the last twenty years the pathological anatomy has come to be clearly understood. While few subjects have been "posted" who died directly from this disease, the spinal cords of many children, who have died of other diseases while suffering from poliomyelitis anterior in its secondary or later stage have been examined. It is altogether likely that in its incipiency there is a simple congestion of the cord, and that this is not confined to the gray matter. We may thus account for the pains. Following this there may be hemorrhagic myelitis, with degeneration of the ganglionic cells in the anterior gray matter, followed by atrophy and the disappearance of the cells. This may be limited, or almost the entire gray matter, from the cervical to the lumbar region, may be involved. The white matter is seldom involved, and if the inflammation extends to the membranes, the disease is more like a general myelitis than the one under consideration.

Following the degeneration and atrophy of this portion of the cord, we have a like condition in the nerves which have their origin here. There follows atrophy of the muscles, and in infants the bones, which are so conspicuous in the clinical picture. In many cases there is marked deformity. In this case paralysis of the extensors of the feet has caused marked talipes equinus. The extensor muscles of the left hand are also paralyzed, and the hand is flexed on the forearm. The deltoid and muscles of the left shoulder are so atrophied and paralyzed that there is almost a luxation of the humerus.

Bone deformities are of course more frequent in infants. The atrophied muscles seem to undergo fatty degeneration. From the history of such cases it would seem that trophic as well as motor cells exist in the anterior gray matter.

As to diagnosis there is hardly any other disease this may be confounded with.

In progressive muscular atrophy the paralysis follows the wasting. In the lateral spinal diseases the reflexes are for the most part preserved, and there is a marked difference in the atrophy. The pseudo paralysis of rickets resembles this disease also slightly. There is no tendency whatever in this disease to the formation of bed sores, and there is not usually hyper or anaesthesia. While our prognosis must be influenced by many surrounding circumstances, the progression of the

disease and the extent involved, it is usually favorable as to life, and in children, their recovery. In this case the patient had a diseased cord when a child. It now involves much of the gray matter, and the muscles have atrophied so greatly and respond so poorly to electricity we must give an unfavorable prognosis as to recovery, though he is improving slowly every day.

In the treatment of all cases the most scrupulous care should be taken as to cleanliness. Bathing should be regular and the skin rubbed vigorously with a coarse towel after the bath. In the early stages perfect rest is to be secured; later, when the muscles begin to improve, moderate exercise is to be taken. General nutrition should be maintained by a selected diet and by kneading and rubbing the affected muscles with the bare hand. Electricity should be used once a day on those muscles which respond.

As to medicines ergot stands first, and should be given in large doses; half drachm doses every four hours of the fluid extract. Ergot slows the heart, produces arterial contraction, venous dilatation and in this way anæmia of the cerebro-spinal axis. It is the remedy for the early stages only. Later, when we begin to use electricity, we find possaflora a remedy of value.

Strychnia should be used also in small doses, injected directly into or over diseased muscles. This has been the general plan of treatment in this case, and he seems to maintain his general health fairly well, and some of his muscles are certainly improving in contractility.

NOTES ON DIAGNOSIS.

Translated from the French, German, Norwegian and Spanish Journals.

BY F. H. PRITCHARD, M. D., WEAVER'S CORNERS, OHIO.

Physical Diagnosis of Gall-Stone Colic.—Prof. Gerhardt states that the gall-bladder becomes distended, forming a small globular tumor of the size of a small pear. If the tumor be large, tense and hard, it is either a hepatic cancer or a gummosus tumor. A small echinococcus situated at the edge of the liver may also simulate the gall-bladder. Larger and swollen gall-bladders are chiefly found in those patients who have often suffered from colicky attacks. This physical symptom is of value in those cases where the attack simulates a cardialgia without icterus. In the beginning, an attack may go on for two hours without pain; then the gall-bladder is palpable. When the stone passes through into the intestine, the swelling collapses, often with a fine rattling sound. This is a certain indication that the attack is at an end. After a violent and long lasting attack there will be heard, in the region of the gall-bladder, a circumscribed friction sound which ascends and descends with respiration. It may be felt but it is

more easily heard with the stethoscope. This local inflammation of the peritoneum in the vicinity of the gall-bladder explains why it is that patients often complain that their attack is not ended but that it has assumed another form and did not end suddenly. Here ice-bags seem to have the same efficacy as heat during the attack. Extension of this inflammatory process into the pleura is infrequent, while appendicitis is not so rare, especially after long lasting attacks. In such attacks the liver swells and its margin is more easily felt. A difference of one to two fingers' breadth will be noticed. Short and transitory attacks of hepatitis, with quite a good deal of swelling of the organ, pains in the region of the liver, with fever and with or without icterus, in most cases, are due to the presence of gall-stones. The most important of these signs, swelling of the liver, may be observed after stoppage of the common duct by round worms, inflammatory exudates or from pressure of a tumor in the head of the pancreas. On the contrary, swelling of the gall-bladder is not observed in cardialgia, or nervous hepatic colic. If, after several attacks of colic, no stone is found in the feces, no friction sound is heard in the region of the gall-bladder, the viscus does not enlarge during the attack, then cholelithiasis may be excluded, with certainty, and a purely nervous hepatic colic assumed to be present.—*Deutsche Medicinische Wochenschrift*, No. 4, 1893.

Diagnosis of Rheumatic Myositis.—Dr. Hackenbruch, at a recent meeting of the Medical and Scientific Association of the Lower Rhine, held at Bonn, read a paper on this subject and its diagnosis. It is by no means easy, for, in a case of rheumatic interstitial myositis the diagnosis was thought to be either necrosis or a malignant tumor. The patient was a factory hand of nineteen years, who was seized in March, 1891, with headache and vertigo, to which were soon added tearing pains in the left thigh, with swelling, which was sensitive to pressure. After rest in bed and immobilization, he so improved that he was able to leave his bed on crutches. Soon after, and six months after the beginning of the disease he entered the surgical clinic. A swelling as hard as a board occupied the whole half of the left lower thigh. The skin could not be lifted up in folds; it was somewhat oedematous and apparently adherent to the periosteum. The contours of the muscles could not be made out through the brawny enlargement, and they appeared as if conglomerated. They were not excitable to either the galvanic or Faradic currents. The sensibility of the skin was distinctly reduced in the region of the swelling, and the knee was held flexed. Otherwise he was in good health. A trial incision revealed the skin oedematous, and then a brownish layer of apparently normal muscular tissue. Under this there was a yellowish, pork-like and firm mass which passed over into a whitish tissue which was continuous and not to be distinguished from the periosteum. The femur and medullary

substances were apparently normal. Microscopic examination of the excised piece revealed the picture of interstitial myositis, with cellular infiltration, proliferation, and formation of connective tissue which had displaced the muscular fibres in great part, and caused the striae in the muscular tissue to disappear. The sheaths of the muscular fibres were often found empty. In places they were apparently constricted or broken off. Near the femur they were in cicatricial retraction. Treatment by massage and electricity, in a few weeks so restored the patient that he was able to walk better, and the tearing pains diminished, the swelling decreased in size and he took on a healthy appearance. At his discharge from the clinic in January, 1892, he could walk with a cane without difficulty. Flexion in the left knee-joint was nearly normal and extension was possible to an angle of 130°. Swelling had greatly decreased and the muscles reacted quite well to the Faradic current. From his study of the cases observed at the clinic, and those from the literature he has found in the diagnosis of interstitial myositis and its final result, the following points of value:

History of the case of a subacute appearance of the disease with tearing pains in the muscles affected, the swelling, the early appearance of contractures, and grave disturbances of function in the joint affected. After disappearance of the inflammatory symptoms, the affected articulation remains long contracted. The muscles appear as if baked together and adherent to each other and to the periosteum. They are as hard as a board and sensitive to pressure. Electric excitability of the muscles is either greatly reduced or absent; the cutaneous reflexes also disappear. The skin is oedematous and not to be lifted in folds. The relatively good condition of the patient contrasts with that of one affected with malignant tumor. Finally, trial incision and excision of a piece of the diseased tissue may be done for microscopic examination. Syphilitic myositis may also produce a similar condition; hence if there be a suspicion of the existence of syphilis it might be well to try antisyphilitic treatment.—*Deutsche Medicinische Wochenschrift*, No. 40, 1893.

Diagnosis of Progressive Labio-Glosso-Pharyngeal Paralysis in Tabes Dorsalis.—Prof. Charcot has recently observed a case of superior tabes with bulbar localization. Howard recorded a similar case in 1889. While paralysis of the external eye muscles—ophthalmoplegia externa—is not so rare in tabes dorsalis, Dufour reporting it in nineteen cases out of forty-two, it is seldom that, in this disease, bulbar paralysis is seen. The patient was a sailor of forty-four years, who had acquired syphilis fourteen years before. During the last six years he had complained of increasing weakness and a sense of relaxation, so that his condition gave rise to a suspicion of phthisis or diabetes, but examination gave a negative result. About eighteen months ago he remarked that the tip of the tongue and the left corner of the mouth had lost their sensation, and in a few months the

whole face was involved. At the same time dysphagia set in, which has gradually so increased that he can only take liquid food in small mouthfuls.

As to other bulbar phenomena there were observed: An alteration of the voice with a nasal and thick tone, and, on examination, a paresis of the velum palati and vocal cords found. Often there was a shrill and piping noise on inspiration. Besides, there was limited mobility of the eyes with horizontal nystagmus; the pupils did not react to light and were of unequal size. Accommodation was paralyzed on the right and paretic in the left eye. The tabetic nature of these symptoms was based upon the other symptoms of which the patient complained: girdle sensation across the chest, anæsthetic areas on the back, thorax, penis, perineum, dorsum of the feet, formication in the region of both elbows and absent patellar reflexes.

Charcot regards the paræsthesiæ, with the sensation as if a mask were over the entire face and forehead, *i. e.*, in the region of the trigeminus, as characteristic of tabes. The tabetic mask forms the most painful, striking and remarkable feature of the whole disease. This patient had a sensation as if his whole face were parchment; as if the skin were glued to the underlying tissues. In another case the patient also suffered from sensations of heat and cold in the face, and often there is a feeling as if it were covered with a spider's web, hair or thread, which he instinctively sought to brush away. In rare cases there are formication, stitching or actual lancingating pains.

In this patient there was also anæsthesia of the mucous membrane of the mouth, pharynx and nose, while smell and taste were normal.—*Norsk Magasin for Laegevidenskaben*, No. 9, 1893.

Diagnosis of Exanthematic Typhus.—Dr. Netter, in a paper read before the Paris Academy, attempted to define the diagnostic elements of exanthematic typhus. He presents the following points:

1. The epoch of the epidemic. Typhus is a disease of the winter or spring.
2. The age of the patient. It is more advanced than that of typhoid fever.
3. The social condition. Excepting the persons who care for the patient, it nearly exclusively attacks those without a fixed home.
4. The frequency of contagion. It is rare in typhoid fever.
5. State of the relatives, friends, those who care for the patients, and the physicians. These persons are the most frequently attacked.
6. Investigation as to the previous existence of typhoid fever in individuals attacked.
7. In the statistics of hospitals the other cases of typhus are noticed in the short interval between the entrance and death, or discharge of the first patient.
8. The high mortality during the epidemic.

Often there will be a doubt as to diagnosis, as in many infectious diseases. In such a case iso-

late the patient for twenty-four to forty-eight hours.—*Revista de Ciencias Medicas de Barcelona*, No. 10, 1893.

Diagnosis of Syphilis of the Upper Air Passages.—Dr. O. Selsert recently read a paper before the sixty-fifth meeting of the German Naturalists and Physicians.

Syphilis of the Nose.—A primary chancre of the nose is rare. It is either caused by scratching the nose with the finger containing the virus, or by means of a kiss. It may appear at first like a simple and benign ulcer. It soon presents induration of the base, become elevated and button-shaped, the nose swells, and has a striking tendency to bleed. Disturbances of respiration are noticed, while if it is in the septum, interior, etc., there may be violent frontal headache. In children, only mucous papules are observed. If it assume a tumor shape it may be a malignant tumor, but the appearance of secondary symptoms will soon settle the diagnosis. The submaxillary, sublingual or otic lymphatic glands enlarge.

The early signs of secondary syphilis are more frequent. It generally begins as a catarrh which is difficult to distinguish from a common cold. Yet it does not appear as violently as the latter, secretion is not so profuse, and it lasts longer. Erythematous patches soon develop on the septum. In adults this catarrh is often overlooked, but in children it is serious, on account of its interfering with respiration and suckling. Soon there appear the signs of hereditary syphilis: ulcers on the mucous membranes of the lips and cheeks, with an exanthema on the skin. It is not so often seen as is thought. Syphilitic plaques are often observed at the entrance to the nostrils but rarely within. In acneiform syphilide when there is some mechanical or chemical irritation, as in certain trades, the cartilage of the nose may be attacked and perforated, as in bronzers. At one time, all perforations were thought syphilitic, but they may also be due to tuberculosis, diphtheria, varicosity of the cartilaginous septum, perforating ulcer, chromic acid and building plaster. He regards syphilitic perforation as rare. The late forms of syphilitic nasal localization are most frequent and best understood. They appear between the first and third years. They resemble lupus and epitheliomata, and, if there are no signs on the skin or mucous membranes antisyphilitic treatment must decide. Carcinoma may develop in the cicatrix. Ulceration of the cartilaginous septum may be followed by sinking in of the nose and disfigurement. Gumma of the interior of the nose is the most frequent form. It disintegrates, and is nearly always followed by necrosis of the cartilage or bone. It may also extend and lead to fatal complications besides the resultant defect and disfigurement. The tumor may be so swelled that rhinoscopic examination is impossible. Here apply cocaine locally or give the iodide of potash, in moderate doses, in order to reduce its size. Generally seen in an advanced stage the patients

present ulcers or the characteristic sunken in saddle nose. Ozena or traumatic phlegmon may also cause it. The ulcers are longitudinal in form and are furrow shaped. Tuberculous ulcers are often difficult to diagnose. They are either round or irregular in form. In tuberculosis perforation is slow, and no whole pieces of bone are cast out as in syphilis. Early diagnosis is necessary, as it easily combines with the tuberculosis and causes extensive destruction.

PESSARIES.

BY W. THORNTON PARKER, M. D., GROVELAND,
MASS.

WHEN the celebrated Dr. Johnson was Master of the Rotunda Hospital, in Dublin, I remember witnessing his disgust and disapproval upon being called upon to remove a large wooden pessary which had become encysted on the vaginal walls. The poor patient had suffered greatly from the pain and sickness caused by the pessary. Vaginitis and vulvitis were present, and in addition an odor so foul, that the examination suggested a clear case of cancer.

I have removed from patients since, almost every kind of pessary, stem, glass, soft rubber, hard rubber, and even one or two of wood. At a meeting of the Obstetrical Society of New York, held November 5th, 1878, I reported the excellent results which followed the use of the oakum or tarred jute pessary.

Since then I have used no other kind of pessary in my practice, and I have always found that the tarred jute pessary could accomplish all that any other pessary could, without the annoyance, pain and danger incurred by using hard pessaries. Tarred jute or refined oakum is a surgical dressing of great value, but nowhere does it prove of greater value than when employed in the form of pessaries.

For prolapsed and sensitive ovaries, for the treatment of prolapsed uterus, and indeed for all forms of misplacement, and in vaginitis, I use the oakum pessaries only. These I apply always in the ring form, using the Sims speculum. The oakum never irritates, and is always less objectionable than absorbent cotton or lamb's wool. The oakum pessary not only absorbs and disinfects the vaginal secretions, but remains in position and affords the required support without producing any discomfort or pain. Indeed, patients complain that after removing the support they feel very uncomfortable, experiencing a sensation as if they would suffer from the lack of support which the oakum pessary had so well afforded.

I use boroglyceride ointment—unguentum boroglyceride—to saturate the oakum, and a tablet of boroglyceride about the size of a quarter dollar, but much thicker, placed between the os and the superior surface of the pessary.

The pessaries can be made of any size or shape; small enough for the treatment of simple misplacement in girls, to the large ones required in the treatment of complete prolapse of the womb.

I roll a strip about four inches long and about an inch in width and a half inch in thickness around my index finger, and secure the loose ends with a string about eight inches long.

After affording any local treatment necessary, I place the pessary in position, using a Sims speculum and one of the tablets of boroglyceride already referred to. The patient is directed to remove the pessary the third night, and to use a hot injection and a large boroglyceride vaginal suppository. The next day she is to report at office for another pessary. This frequent change of pessaries is the only undesirable feature in the treatment, but considering the advantages and the earlier care, that can be overlooked.

Treatment of Heat-Stroke by Chloroform.—Koerfer (*D. Med. Wochenschrift* No. 28, 1893), reports the successful treatment of severe heat-stroke by means of chloroform. The terrible exhaustion incident to the severe convulsions of heat-stroke, is certainly no small factor in the fatal effect. Those who have watched cases of heat prostration treated with thorough application of cold baths and cardiac supportives, must have felt the incompleteness of the treatment, in seeing the continuance of the convulsions even during the bath; and the great exhaustion of the heart following each seizure. As Koerfer points out, the circle is a vicious one; the overheated blood acts as an irritant to the cardiac ganglia and so causes excessive action of the heart's muscles already weakened by the action of heated blood on its fibres. The same hot blood excites the nervous centres, raises the reflex irritability, while the resulting convulsions exhaust the nervous system and still further augment the heat production of the body. Cooling of the body, elimination of heat by baths, is of partial service only, if the over production of heat is allowed to go on. This excessive formation of heat seems due largely to the over irritated nervous centres and it was for this reason that Koerfer treated his cases with chloroform inhalation. The patient, a soldier, had succumbed after a hard day of field practice and presented a typical picture of severe thermic fever. The convulsions were severe, general and frequently occurring on the slightest external irritation. There was increasing cyanosis, a very rapid, weak pulse, which failed almost entirely during the convulsion. Respiration was rapid and superficial. The convulsions, though still general, were becoming weaker, and in spite of baths and stimulants the patient was rapidly failing. At this point light chloroform inhalation was tried in the hope of quieting the convulsions. The effect was immediate; after a few breaths the inspirations became deeper, the color improved and the tonic convulsions ceased. The heart's action in particular was improved, becoming steady, where it had been tumultuous, stronger, slower. At the end of an hour and a quarter the breathing was quiet and deep, the pulse regular at seventy, and the chloroform was withdrawn and a small dose of morphia given subcutaneously. After a two hours' quiet sleep the patient awoke conscious and convalescent. The after history of the case was not remarkable.

Another case gave the same happy result. It did not appear that the chloroform anaesthesia was more dangerous in the condition of sunstroke than at other times, and the application of this remedy is certainly worthy of further trial.

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ALFRED K. HILLS, M.D.

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CONSISTENCY.

THE *Kansas Medical Journal*, under the heading, "The Size of the Doses," adopts in the most emphatic terms the philosophy of Hahnemann in the selection and administration of remedial agents. If a rose by any other name will smell as sweet, so a principle is none the less correct if there is a disagreement in the manner of its action which leads to different names. The article in the *Kansas Medical Journal* reads almost as if it were an excerpt from the writings of Hahnemann.

"It is hard for the practitioner of regular medicine to realize that ipecac or turpeth mineral are other than emetics; that aloes and sulphate of magnesia are anything but cathartics. But ipecac is one of the best agents to soothe gastric irritation. From one-sixth to one grain of the pulverized root, given every twenty to thirty minutes, will often check nausea and vomiting. It also acts upon the liver, and is a mild cathartic; not only is gastric, but intestinal irritation benefited by its use, and it has long been employed in dysentery. Large doses are advised, but given in this way it is difficult to prevent vomiting. When given in small doses and frequently repeated, it produces the desired result without the unpleasant effect. It also acts as a diaphoretic and expectorant. Tartar emetic, given in minute doses, from one-sixtieth to one-tenth of a grain, is one of the best expectorants.

"A large number, if not all, of the drastic cathartics, when given in very small doses, are

tonics. Fowler's solution of arsenic, an irritant poison, when given in one-tenth to one-fourth drop doses, is soothing to the mucous membrane of the stomach. In fact, there are few therapeutic agents but what have a two-fold action, and the physician who does not remember this and act upon his knowledge employs but half the power for good contained in the drug. From one-tenth to one-sixth of a grain of calomel, taken three times a day, increases the red corpuscles of the blood and is an excellent tonic. In chronic malarial disease, where quinine will not break up the periodicity, one-fourth to one grain of calomel, given three times a day in connection with the quinine, will often break it up entirely."

These "facts, so new to the practitioners of the *regular* school that it is hard for them to realize their truth," were taught by Hahnemann a century ago, and the gradual unfolding of what may be considered a therapeutic law through a century of experience, has established it as the cornerstone of modern therapeutics. No matter by what line of thought the principle may have been reached, or whatever name or explanation may have been given to its action, the result is the same. Possibly the name Homœopathic does not convey the correct meaning of what is now acknowledged as a therapeutic law by the most advanced thinkers in the medical profession, for who has yet been able to fathom the precise action of remedial agents? There are scores of earnest believers in the philosophy of Hahnemann, who think he erred in attaching to a therapeutic law and a philosophy widely different from the prevailing belief a name which failed to express the true meaning of his great departure from the prevailing ideas of the age; but even admitting some other name would have been preferable, the ideas worked out were in such strict accordance with the laws of nature as to change the medical practice of the entire profession and render their ultimate adoption inevitable.

It must be borne in mind that drug action formed only a small part of Hahnemann's idea of medical treatment. The skill of the physician sought simply to aid nature to re-establish its own perfect and harmonious work. To do this the laws of hygiene were strictly enjoined. Water, heretofore forbidden, was supplied in abundance externally and internally, the air in the room must be fresh and pure, and of a temperature if possible not above seventy degrees, the food was studied with the utmost care, and was always simple, easy of digestion and administered ac-

cording to the condition of the patient. The great idea was to remove if possible every restraint upon nature and every cause of irritation by placing the patient in an atmosphere as fresh and pure, and as free from germ life, and its poisons as was possible, and supply the waste of the system by pure cold water and food easily assimilated. Thus, it will be seen all the great doctrines which have made modern medical science what it is were outlined and taught by Hahnmann, and it was the observance and unfolding of these simple laws of nature, which won for his teachings an entrance into the home of the rich, the cultured and the thoughtful, all over the civilized world. In the absolute cleanliness required, the careful preparation of food, and the noting every change in the condition of the patient, the services of the trained nurse were required, and held to be of almost equal importance to those of the physician. In this connection the first charter for a training school for nurses ever given in this State was given to a so-called Homœopathic maternity. There is no creed and no dogma, however perfect in itself, which is not often impeded, its meaning confused and misunderstood by individual speculations and transcendental theorizing. None certainly has suffered more in this respect than that of Homœopathy, and suffered most perhaps at the hands of its immortal founder, who, blinded by what seemed to him the universality of principles formulated with the clearness and precision of the accomplished scientist, permitted his mind to wander off into those fields of speculation as foreign from his original principles as light is from darkness.

The history of this great reform, which has lifted our profession from simple empiricism into a science, can be traced step by step through the past century. No matter if that school which is so afraid of, and scandalized by the term sectarian, since it broke in part its old fetters and stepped out from its thraldom into a clearer light and larger liberty, but which still clings with an iron grasp to the shibboleth "*regular*," has worked out the great problem of modern therapeutics all alone by itself, on its own lines and according to the most approved principles of scientific investigation, is there any reason, now that they stand side by side, on precisely the same ground with those who have been working with intelligent zeal for a century, under a name which perhaps was unwisely chosen, why the bitter antagonism of the past should not cease in the warm hand clasp over the grave of warring factions?

The tremendous strides of scientific investigation during the past two decades have given a unity of thought in the study of disease and its treatment to the whole medical profession, which fifty years ago would have been considered impossible. We may possibly form some idea from the progress of the profession during two decades what the next twenty years will bring forth. The lines of our works are lengthening and the field broadening, as each department of science brings its quota of knowledge to our profession in its work of emancipating the human race from all those sources of evil which now taint the fountains of life.

LIGATION OF VEINS IN LOSS OF SEXUAL POWER.

THE *Boston Medical and Surgical Journal* contains an interesting article by Dr. Alfred King on the loss of sexual power, and thinks one cause, often overlooked, is a change in the circulation. Repeated engorgement of the penis renders the calibre of the veins which do not pass under the pubic arch larger, facilitating a more rapid escape of blood, thereby diminishing the strength and duration of the erection. Instead of treating these cases with drugs, Dr. King ligates the larger veins, and gives a case illustrative of the success of his treatment.

Mr. M., aged 35, a laborer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection, during the past year its duration having been so short that sexual intercourse had been rendered impossible.

There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths (especially to the spine and external genitals); prescribed bromides, *cannabis indica*, *cantharides*, *damiana*, *phosphorus* and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and, in short, tried everything which offered any hope for success, but all to no effect so far as producing any stronger erections was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I, therefore, determined to ligate a couple of the larger subcutaneous veins at the base of the penis and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection which made the bandage so painfully tight that he was obliged to jump out of bed onto the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain. Two months later he reported the power of maintaining erection was as good as ever.

SENSIBLE HOMOEOPATHS.—At a late organization of Erie County Hospital staff in Buffalo, the Homœopathic fraternity held a meeting and demanded representation on that staff as Homœopaths. It resulted in a conference between a select committee of six of that school and a committee of six physicians. The latter had evidently no objection to any physician of capability being on the staff; but they did not desire forty grain doses of chloral hydrate being given nor any other like medicine, whilst the administrator abused others who gave like doses as murdering and drugging Allopaths. The result was that the six gentlemen desiring the appointment signed the following sensible paper and are now rationally acting physicians. "We, the undersigned, ask for appointment upon the staff of the proposed Erie County Hospital as physicians, not representing any so-called school of medicine, Allopathic, Homœopathic or Eclectic. We deplore the existence of schools in medicine, believing that the public interests are best served by the abolishing of such. If appointed, we agree to serve as physicians irrespective of school, and shall use every effort to work in harmony for the success of the hospital.—Nehemiah Osborne, Dewitt G. Wilcox, George T. Moseley, Burt J. Maycock, F. Parke Lewis, Louis A. Bull." The details of the deal soon leaked out and the other Homœopaths were very angry. Several meetings were held with the intention of disciplining the six physicians who, it was alleged, "sold out." Much bitterness was engendered, and the affair led to acrimonious words at the last meeting of the Erie County Homœopathic Society. Leading Homœopaths, like Drs. Curtiss, Martin, Cook, Hussey and many others did not approve of the arrangement in any respect. They took the position that in signing such an agreement the Homœopathic six handed down their colors in the face of the enemy. However, there does not seem to be much of a fight in it, for a majority of the six were elected to office in the society last Thursday at the annual election. The six who secured appointments on the county hospital staff say they have not given

up their Homœopathy in the slightest degree, and are practicing it at that institution. All they did give up, they claim, was the name of being Homœopaths. No sensible man of medicine quarrels over the fact whether medicines act Homœopathically, Allopathically, hydropathically, hypnotically or diabolically, or whether a case of diarrhoea that can be cured by epsom salts or castor oil should be cured by opium or by nitrate of silver. The medical gentlemen now attending the Erie County Hospital can now go on unshackled, and need not be under the necessity of supplementing a forty or fifty grain dose of chloral with one drop of the thirtieth dilution of coffeea as an adjuvant.—*Ed. Nat. Pop. Review.*

We congratulate our Homœopathic brethren for the good sense shown in the above transaction, and we felicitate the *TIMEs* that it has spent so much time and hard work in bringing about such a state of affairs, and we certainly welcome these gentlemen to our coterie. It is certainly a great satisfaction to the *TIMEs* to know that such excellent and esteemed colleagues "deplore the existence of schools in medicine," and we sincerely hope these gentlemen will lend us a hand in behalf of medical unity. Let us drop all sectarian names—which is all we have ever suggested—and each one go on with his work as he will, using larger or smaller doses according to individual experiences, selecting upon any theory or no theory, as seems most agreeable, with toleration and charity towards all, adopting and living up to that simple maxim, *In Certis Unitas, In Dubiis Libertas, In Omnibus Charitas.*

FACTS ABOUT DISEASE GERMS.—*Harper's Weekly* observes that among the well-known diseases whose bacterial origin is already placed beyond reasonable doubt are erysipelas, tuberculosis, diphtheria, tetanus, typhoid fever, croupous pneumonia and influenza. The facts discovered regarding some of these during the past fifteen years are among the strangest of the "true fairy tales" of modern science. For example, the micrococcus of croupous pneumonia, as discovered by Dr. Sternberg, lurks in the mouth, and is harmless there, awaiting, as it were, an opportunity when a condition of lowered vitality of the system—as from exposure to cold—shall enable it to take up its active abode in the lungs, and begin a development whose results will be manifest in an inflammation of those organs. Again, it appears that the bacillus of tetanus, or lockjaw, is abundant everywhere in the soil, and may rest on the surface of the human body or be taken into

the stomach without producing injury. Even on the surface of an open wound it cannot develop, it being one of the bacteria that cannot grow in the presence of free oxygen. But if introduced into a deeper wound, away from the air, it may develop rapidly, and produce the painful and often fatal disease tetanus. Thus is explained the fact, always before a mystery, that even slight and seemingly insignificant puncture wounds are more likely to produce this disease than are open lesions that otherwise are far more serious.

A FAVORITE remedy for the nausea and vomiting of pregnancy has long been with us—from five to ten grains of the oxalate of cerium, repeated every three or four hours. The efficiency of this remedy is very much increased by the combination of about one-tenth of a grain of ipecac. This combination Mr. Fraser has prepared in tablets. As the remedy has not only a sedative but a tonic action, it is specially valuable in acid and nervous dyspepsia, given, however, in smaller doses, and in an irritable condition of any portion of the intestinal canal arising from ulceration, local inflammation, or reflex action. In our hands this drug, either alone or in combination with ipecac, produces better results than the dyspepsia powder in very general use composed of bismuth, ipecac, nux-vomica and carbo-vey.

MEDICAL BUILDING.—A project is on foot with promises of success, to erect in the central part of the city, convenient to the great lines of transportation, a large building, the first story to be devoted to that class of merchandise, such as instruments, drugs, etc., most utilized in the care of the sick, and the upper stories for offices for physicians, which, it is thought, will be much sought after by specialists. The building will have every convenience for the accommodation of tenants, including elevators, rolling chairs, telephones, telegraph, messenger and house offices. Every suite of apartments will be wired for electric motors, and power furnished at a slight expense. The rents will be moderate in comparison with those now charged for physicians' offices, with greater conveniences, and with the additional advantage of disconnecting the physician's business offices with his home. The location will be probably somewhere in the vicinity of the Grand Central Depot.

OUR critics have thus far failed to appreciate our interpretation of "the dual action of drugs," as we supposed some would, from the standpoint from which they look at the subject, as for instance, the sectarian dogmatist. The student of *materia medica* knows that physiological doses of drugs produce symptoms, which, when met with from other causes, will be generally removed by small doses, frequently repeated, of the same drug, and *vice versa*, large doses of a drug will be required to remove symptoms similar to those which are caused by the use of a drug in small doses for a time sufficient to produce chronic poisoning. These facts can be demonstrated by a study of the physiological effects of drugs, and of toxicology, which we will endeavor to show later, and this is what we mean by the dual action of drugs. The primary and secondary effects of drugs, which some refer to as "the dual action of drugs," we have nothing to do with in this connection, because it would be impossible to divide these effects into primary and secondary. This attempt has been talked about but never accomplished, and cannot be, for reasons which are obvious.

THE *Medical Brief* gives as a successful treatment of that tantalizing of all diseases, gonorrhœa, teaspoon doses of salmetto four times daily, with an injection composed of *pinus caradiner* (white), and *listerine*, each one ounce, and water six ounces.

EPILEPSY.—Dr. D. Campbell Black, Professor of Physiology in the Medical School, Glasgow, reports in the *British Medical Journal* a case of epilepsy where the paroxysms were of daily occurrence, cured by a combination of belladonna with bromide of potash, in the following prescription: Bromide of potash, half an ounce; tr. belladonna, three drachms; add sufficient infusion gentian to make eight ounces, and give a tablespoonful three times a day. At night a pill was given of four grains of monobromide of camphor, mixed with extract of gentian. The author's explanation of the *Modus Medendi* of this treatment is that there are probably hyperemic patches in certain tracts of the nervous system, and that in consequence sensibility is preternaturally heightened in these situations. The bromides and belladonna act upon the nerve centers in this disease, and also in ennesis and *spermatorrhœa*, by stimulating the vaso-constrictor

nerves, thus causing a relative anæmia and diminished sensibility. An objection to this treatment would be the intense dryness of the fauces likely to be produced by the belladonna.

PILOCARPIN has been recently strongly recommended by several writers, among the rest Prof. Da Costa and Prof. Eshner, for the treatment of erysipelas; one-sixth of a grain is injected daily, and fifteen to thirty minimis of the fluid extract administered three times a day, except in cases of general asthenia or marked cardiac degeneration, when quinine and iron are employed, with local application of an ointment of ichthyol. The use of the remedy is thus far empirical, but the good effects are so marked that the action of the drug will undoubtedly be studied from a standpoint of drug proving.

THE March issue of the *New England Medical Gazette* contains an interesting illustrated editorial description of the work of the publishing house and pharmacy of Otis, Clapp & Co., Boston. A backward glance of the fifty years' history of a house which has been so prominent a factor in the literature and medicinal preparations of the new school, will be of interest to the profession.

DIAGNOSIS OF FLUID IN THE PERITONEUM.—Garciadiiego (*Med. Rec.*) says that the diagnosis of small effusions in the peritoneal cavity can readily be made by means of the finger in the rectum. The patient is placed on his or her back, with the head and trunk elevated on an inclined plane at an angle of forty-five degrees. The fluid then gravitates to the bottom of the peritoneal sac in front of the rectum, and fluctuation can readily be appreciated by the finger of the surgeon in the rectum. The presence of the fluid can be confirmed by the changes produced upon turning the patient from side to side during the rectal exploration. The value of thus detecting the presence of small effusions in the peritoneum is often great.

CORRECTION.—The article on the "Evils of Substitution" in our December number was abstracted from *The Doctor of Hygiene*, the credit for which was accidentally omitted.

PROVIDING A PROXY.—"Perkins," said the little girl on Prairie Avenue, "aren't you my nurse?"

"Yes, Miss Florry," answered the middle aged matron.

"Then I want you to go in there where the doctor is," said Miss Florry imperiously, "and be vax'inated in my place!"—*Chicago News*.

BIBLIOGRAPHICAL.

THE YEAR BOOK OF TREATMENT FOR 1894. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Brothers & Co., 1894.

In addition to the usual review of the literature on Medicine and Surgery during the past year, a very interesting chapter is given on Bacteriology in reference to treatment, and a summary of the year 1892-3, chiefly in reference to new remedies.

THE PHYSICIAN: HIS RELATION TO THE LAW AND THE LEGAL RULES GOVERNING THE COLLECTION OF HIS FEES. By H. G. Blaine, A.M., M.D., Toledo, Ohio. Price, fifty cents.

The object of this monograph is to give in a condensed form the relations of the physician to the law, and a more extended knowledge of the rules governing the collection of his fees, and other matters of law of great importance to him. The work will prove of value to every physician.

"The Transactions of the Homœopathic Medical Society for the Year 1893," contains a very excellent likeness of President J. M. Lee, and shows in the practical nature of its paper and discussions a very marked improvement upon many of its predecessors. The volume has so much less of self-laudatory praise and so much more of practical papers, the result of experience and thorough scientific investigation, that we heartily congratulate the Society. The directory contains the names of 1,213 physicians ranked as Homœopathic, and yet we presume it would be difficult to draw the line in practice between the majority of these 1,213 and the advanced men of other schools.

MANUAL OF PHYSICAL DIAGNOSIS, FOR THE USE OF STUDENTS AND PHYSICIANS. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania and Physician to the University Hospital; Physician to the Rush Hospital for Consumption and Allied Diseases; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Second edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1893, pp. 241, 12mo. Price, \$1.50.

The author has succeeded in making a book, which combines conciseness with practical sufficiency, made possible by his great experience as a teacher. The present edition has an "appendix" covering the examination of blood and other important subjects.

THE PHYSICIAN'S WIFE; AND THE THINGS THAT PERTAIN TO HER LIFE. By Ellen M. Firebaugh. With portrait of author and 44 photo-engravings of original sketches. In one crown octavo volume of 200 pages. Extra cloth, \$1.25 net. Special limited edition, first 500 copies, numbered, and printed in photogravure ink on extra fine enameled paper; bound in half leather and vellum cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

If the physician practices half as well as his wife writes, he is worthy of her comment, as she thinks of his countless deeds of kindness and mercy all through his life without thought of reward, "that if in a better world than this there is a crown a little more radiant than all the rest, surely it must be waiting for the physician's brow." The story of a country physician's life is told with such a blending of humor and pathos, that in reading, tears chase away the smiles, and smiles absorb the tears.

THE PHYSICIAN; HIS LEGAL RELATION TO THE LAW, AND THE LEGAL RULES GOVERNING THE COLLECTION OF HIS FEES. By H. G. Blaine, A. M., M. D. Containing the Code of Ethics of the three great systems of medicine. To which is added the latest statutory amendments to existing medical laws, including the most recent enactments regulating the practice of medicine in all the States and territories in the United States.

It is the cream and condensation of the points of medical law most useful to the busy practitioner. It sets forth in an interesting form "those little things, as it were," which add so much to the doctor's knowledge of the ways and means by which he can avoid prosecution by suits of malpractice, slander etc., and gives him a more extended knowledge of the legal rules which govern the collection of his fees. Second revised edition, greatly enlarged. Nearly 300 pages, printed from new type; handsomely bound in extra cloth, prepaid, \$1.25. Blaine Bros., Publishers, Toledo, O.

AN ILLUSTRATED ENCYCLOPEDIC MEDICAL DICTIONARY. Being a Dictionary of Technical Terms used by Writers on Medicine and the Collateral Sciences, in the English, Latin, French and German Languages. By Frank D. Foster, M. D., Editor of the *New York Medical Journal* and Librarian of the New York Hospital. Vol. IV., with illustrations. New York: D. Appleton & Co., 1894.

This great work, the greatest in every sense of the word which has ever been or ever will be published upon the subjects treated, is at length completed. The learned editor, with a long editorial experience of a leading medical journal and the librarian of a medical library, the largest and most complete in every language of any one in the United States, except the army and navy library at Washington, backed by the unlimited capital of one of the wealthiest publishing houses in the world, with rare discrimination and excellent judgment has called to his aid the best scholars in lexicographic work which could be found, without regard to expense. The result is a work as complete in all its details, especially clear in the origin, pronunciation, combination and meaning of words, as time, money, and scholarship can produce. We do not wonder that the preparation of the work covers eleven years, and it can only pay the publishers from the fact that it will be the standard work for the next century.

LECTURES ON AUTO-INTOXICATION IN DISEASE; OR SELF-POISONING OF THE INDIVIDUAL. By Ch. Bouchard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated with a preface, by Thomas Oliver, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one octavo volume; 302 pages. Extra cloth, \$1.75 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

This work is full of the thought and scientific investigation of the present time, and it is only through the researches of the past few years it could have been written. The important part which the development of physiological and pathological alkaloids play in the cause and treatment of many forms of disease, which until the present time has been but little understood, is daily becoming more clear, and is casting a new light upon the path of the physician. When we say that the distinguished French pathologist discusses in these lectures with great clearness and fulness of minute information the operation of poisons introduced from without or generated within the body of man, our readers will readily perceive the great value of the work to every physician who is in touch with modern progress.

THE GREEK MADONNA. Ward's Island Hospital in a Novel.

The Ward's Island Hospital figures prominently in "The Greek Madonna," a novel just written under the *nom de plume*, "Shelton Chauncey," by the Rev. C. W. de Lyon Nichols, chaplain of Ward's Island. "The Greek Madonna" is published by G. W. Dillingham, and has already received more press notice than any previous book which has been issued by that house. The author it seems at one time read medicine, and accordingly, the ward and social experiences of hospital life are dealt with in a hearty and sympathetic manner. The Ward's Island Hospital is characterized as "the neatest hospital in the United States." The humorous side of the daily clinical history of a great charity institution like this also receives its due complement of attention. The narration of the episodes of the staff dining room, "Ward's Island by moonlight," and the night rowboat in an East River ice blockade will recall trains of whimsical associations to the minds of all medical men who have served on the corps of this well-known institution. Chief of Staff Dr. George Taylor Stewart appears in this unique volume under the sobriquet of "Doctor Taylor-Allen." He is described as "young, fashionable and standing in the front rank of his profession." The training school for nurses inaugurated by Dr. George Taylor Stewart, and which is a demonstrated success, comes in for its share of attention, and even the chatelaines and pretty costumes of the nurses are depicted. We advise every physician who has served as an *interne* at Ward's Island Hospital to read "The Greek Madonna." The book can be obtained at Brentano's, 31 Union Square. Price, 50 cents.

A TEXT-BOOK ON THE THEORY AND PRACTICE OF MEDICINE BY AMERICAN TEACHERS. Edited by William Pepper, M.D., LL.D. In two volumes, illustrated. Vol. II. Philadelphia: W. B. Saunders, publisher, 1894.

The work opens with an exceedingly valuable chapter by Prof. Welch, of seventy pages, on the biology of bacteria infection and immunity, and is followed by chapters by Prof. Lyman on diathetic diseases, acid dyscrasia, rickets, osteomalaria, obesity, biliary lithiasis, gravel, saccharine diabetes, polyuria, rheumatoid arthritis, gout, and rheumatism. Prof. Osler furnishes two chapters, one on diseases of the blood and the other on diseases of the supraorbital capsules and the ductless glands. The editor, Dr. Pepper, contributes nearly four hundred pages, including in his discussion diseases of the pericardium, endocardium, myocardium, blood vessels, mediastinum, mouth and tongue, salivary glands, pharynx and tonsils, oesophagus, stomach, intestines, and the heart. Prof. Wilson treats diseases of the larynx and pleura, and Prof. Francis Delafield diseases of the lungs. Prof. Holland gives a very valuable chapter on practical urinary examination, and Prof. Reginald M. Fitz chapters on diseases of the peritoneum, liver and pancreas. The writers are all eminent as pathologists, and in this department of the profession are fully up to the most advanced knowledge of the present time, but we regret to see in our American writers a continuation of the German line of thought and habits of investigation, exceedingly able and minute in discussing the cause of disease and pathological conditions, which should but does not in the hands of these writers always lead up to thoughtful and intelligent treatment. The two volumes, as a work of condensed thought, immense research and fulness of information will be gladly welcomed to the library of the intelligent physician. This information will be full of suggestions as to treatment to those better informed in the action of remedial agents than the authors. The two volumes, so far as letter press, binding and paper are concerned, are among the best specimens of book making we have ever seen issued from the medical press.

BLENNORRHAGIE CHEZ LA FEMME, par le Dr. Verchère, chirurgien de Saint-Lazare. Rueffet Cie., publishers. Two vols., 234 pp., and 223 pp., Paris, 1894.

These two elegant little volumes of the Charcot-Debove library form a study of the subject of gonorrhœa in women. After a short review of the bacteriological side, he presents the practical side, from his vast experience at the Saint Lazare Hospital in Paris. In an introduction which is vehement and decided, he raises a cry of alarm and proposes the most rigid and severe measures against this disease. He shows the dangers to which it may expose both the individual woman and society in general, the cause of the majority of ovariotomies, and of sterility in those who should be most fruitful. These doctrines have been already approved in America and many other countries; but they are not generalized in France. The numerous localizations and possible complications of gonorrhœa in women, seem, indeed, terrifying. In the female the disease is always cured with difficulty, and it may pass unperceived by her and the one who communicated it to her. The disease being at first benign, it thus has opportunity to extend and give rise to profound and extensive lesions, which only are to be cured by extirpation of the disease, and the diseased organ itself. Filled with the conviction of the righteousness of his views, the writer portrays with clearness and ardor, the possible miserable complications and invasive lesions of this absolutely terrific disease, which has so long been neglected, in the female sex above all. Prevention is the order of the day in all infectious diseases, and this the writer holds to be the true treatment of this obstinate question. To prevent the young and unmarried, but marriageable men from obtaining this disease is the essence of the question, for the majority of cases in women are contracted from their husbands, to whose badly treated cases of gonorrhœa they owe their salpingitis. Physicians should forbid their gonorrhœic male patients to marry until they are completely and well cured. Indifference and neglect will never cure chronic gonorrhœa in the male. It is a work written for a purpose, it energetically antagonizes much error and insists upon examination of a neglected field. It is worthy of being read and studied by all.

A STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. Upon Original Plans. Designed to Give a Complete and Accurate Statement, in the Light of the Most Recent Advances in Knowledge, and in the Readiest Form for Popular Use, the Meaning, Orthography, Pronunciation, and Etymology of all the Words and the Idiomatic Phrases in the Speech and the Literature of the English-speaking Peoples. Prepared by more than two hundred specialists and other scholars, under the supervision of Isaac K. Funk, D.D., editor in chief, Francis A. March, LL.D., L.H.D., consulting editor, Daniel S. Gregory, D.D., managing editor, and Arthur E. Bostwick, Ph.D., John Demser Champlin, A.M., and Rossiter Johnson, Ph.D., LL.D., associate editors. Vol. I., Funk & Wagnalls Co., 1893.

Lincoln's immortal speech at Gettysburg was written on a letter envelope taken from his pocket, and jotted down as he rode on the cars from Washington to the battle-ground. Everett's address, of more than an hour in delivery, one of the most eloquent and finished productions in the English language, was prepared after days and weeks of thought, in the quiet of his library, surrounded by all the aids which books could furnish. The one will live as long as language is the medium of thought, so vigorous in its strength and beauty that Everett, the statesman and the scholar, whose address is now almost forgotten, said, in the enthusiasm of the moment, he would have given ten years of his life to have been its author. Lincoln made up for his lack of a classical education, in style and force of language, by his untiring study of the English lexicon, retaining in his retentive memory the origin of words and their shades of meaning, and clothing his thoughts in language best fitted to convey in almost a

living picture the strength and majesty of his ideas, always so clear that their meaning could never be mistaken. Nine-tenths of the antagonisms in life, especially in the fields of literature and science, arise from a lack of a mutual understanding of terms. When the real meaning is fully understood the difference of opinion often becomes almost infinitesimal. The carefully matured plan of the Standard Dictionary contemplated the building of a lexicon of the English language in which the pronunciation, the origin, and the meaning of every word used by the great English-speaking people, should be given with a clearness and authority which would permit of no contradiction. Following so closely upon Webster Revised, the Imperial, and the Century dictionaries, the promises made by the editors for something better and more complete than had yet been produced seemed impossible of realization. And yet, as we turn over page after page of the first volume, and look upon the evident care which has been bestowed upon every word, the fulness of information and the thoroughness of the entire work, we are constrained to confess that the editors spoke advisedly, and their promises have, to a certain extent, been realized. No one can speak except in praise of the ripe scholarship shown in such works as Webster's Revised, the Imperial and Century; but we are confident in our daily work we shall refer more frequently to the Standard than to either of them.

Dr. George Taylor Stewart, Chief of Staff, reports 844 patients treated at Ward's Island Hospital during December, with a death rate of 3.32 percent. For the year, 6,529 patients were treated, with a death rate of 6.11 per cent.

WHY THE BILL WAS SO LARGE.—Niggles.—"What does this bill mean, Doctor? I haven't consulted you since I settled the last time."

Dr. Smarte.—"That's for advice. You know I met you about a month ago, and you told me you were using an inhaler for catarrh, and I said you wanted to be careful."

—*Boston Transcript.*

THE CARTWRIGHT LECTURES of the Alumni Association of the College of Physicians and Surgeons, for 1894, will be delivered at the New York Academy of Medicine, No. 17 West 43d street, on Wednesday evenings, April 4th, 11th and 18th, at 8 o'clock, by Professor Russell H. Chittenden, Ph.D., of Yale University.

Subject: Digestive Proteolysis.

I.—General Nature of Proteolytic Enzymes. General nature of Proteids.

II.—Proteolysis by pepsin—hydrochloric acid, with a consideration of the general nature of proteoses and peptones.

III.—Proteolysis by trypsin. Absorption of the main products of proteolysis.

The Profession are invited to attend.

THE DISAPPEARANCE OF GAME IN AMERICA.—It is really appalling to compare the enormous amount of game on this continent at the beginning of the century with the wretched remnant of to-day. At that time the American buffalo roamed the prairies in countless thousands, and was probably the most numerous large animal in the world, and now—but all Americans know the shameful story of its extermination.

Little more than a hundred years ago great herds of elk swarmed in the Kentucky and Illinois hunting grounds, and even as late as 1820 a few could be found in the district north of the Ohio river. To-day their fast-diminishing bands are confined to the mountains of the northwest. The same sad story of fast-approaching extinction is true of the other game animals, the antelope, bighorn, mountain goat, and the various kinds of deer; in fact, it is true of all our larger mammals. Many persons living to-day will see their final disappearance in a wild state.—*From an article on "The Vanishing Moose," in the Century.*

CORRESPONDENCE.

NEW YORK, Feb. 21, 1894.

To the Editor of the NEW YORK MEDICAL TIMES.

DEAR DOCTOR: I beg to send you herewith the statistics of the New York Pasteur Institute for the year 1893. You will notice that not a single case of hydrophobia has been observed among the eighty-five persons treated, while other persons and animals, bitten at the same time, have died of rabies. I am pleased also to inform you that the 104 persons treated in 1892, whose cases you so kindly mentioned at the time, have remained well.

Hoping this information may be of some interest, and eventually of service, to the readers of the NEW YORK MEDICAL TIMES, I remain,

Yours very truly, PAUL GIBIER.

ON INCENSE.

We read in the thirtieth chapter of Exodus the divine instructions concerning the building of an altar and the burning thereon of incense. Indeed, the Bible is full of references to this most worshipful and significant ceremony. David refers to this form of worship in these beautiful words: "Let my prayer arise like incense; and let the lifting up of my hands be an evening sacrifice." Like almost all ancient worship, each part of the service has its significance, and oftentimes some hygienic reason for its use. There can be few religious customs more impressive than that of incense burning; the smoke is so very religious, even to look at, typifying the prayers of saints ascending. Very likely it had its origin as a portion of that superb system of hygiene for which the Bible is famous.

After all these centuries of scientific study and advance, we return like little children to the original source of all learning, the book of books, the Bible. But we need not go way back to ancient times to justify a ceremony so beautiful and so wholesome as the burning of incense. A visit to almost any of our modern churches will convince us very decidedly of the impurities existing in the atmosphere.

Incense is not only a powerful deodorizer, but an excellent disinfectant. It would be safe to assert that the amount of money spent upon the daily use of incense throughout the world is but a very trifling outlay when we consider the amount of money saved by its use which would otherwise have been expended for sickness. The use of incense rapidly deodorizes and purifies the air in churches, and prevents the spread of contagious diseases, such as diphtheria, scarlet fever, small pox, etc. It also is useful during the prevalence of epidemics. The reasons for the restoration of incense in our churches can be summed up as follows:

- I. Unmistakable divine authority for its use.
- II. Symbolic beauty of a very high order.
- III. Typical of deep religious action.
- IV. It creates a religious atmosphere, impressive, holy, devout.

V. It is eminently hygienic and wholesome; statements that it is unwholesome are utterly without foundation. That this beautiful religious custom, which has been enjoyed by millions of faithful Christians throughout the world may be restored to the churches of the Anglican Communion is the hope of many of her devoted children.

W. THORNTON PARKER, M.D.

REGARDING "AN OLD LANDMARK."

To the Editors of the NEW YORK MEDICAL TIMES:

In your issue of last month, under the heading, "An Old Landmark Gone," you remarked that "The Cleveland Homeopathic Hospital College is no more, and in its place has been erected the Cleveland University of Medi-

cine." As a graduate of the college, will you allow me to question the precise accuracy of this statement? My old Alma Mater, I think, is not yet defunct. On the contrary, I look upon the change referred to, as nothing more than what you yourself call it in your next sentence—a "step in the line of progress." In other words, as marking the final stage in a *process of evolution* which is clearly to be traced all through the history of the institution. The latter, for the first few years of its existence, was known as "The Western College of Homeopathic Medicine"—a strictly correct title, since the only other school of the class was located at Philadelphia, and neither of them pretended to qualify students for anything in the world but the practice of Homeopathy. To be sure, the Cleveland Faculty was bound by the terms of its charter to teach something of the "old school" system as well, but this requirement was never seriously complied with. The professor of "institutes" would occasionally, at the close of a lecture, rattle off, with most sarcastic emphasis, and amid the laughter of his hearers, a bare list of drugs employed Allopathically in the disease under consideration. Two or three of the chairs were occupied by recently converted Eclectics, who, perhaps mingled a little alloy with the pure gold of their teachings, but hardly enough to be recognized. Hospital advantages, of course, were entirely wanting, and patients at the surgical clinics were few and far between. This state of things, however, did not long endure. A Homeopathic hospital was speedily erected. Homeopathy had now to be taught in connection with a greatly developed science and art of surgery, and with numerous specialties branching out from the latter. The scope of instruction was gradually extended far beyond its ancient limits, embracing methods and appliances of which Hahnemann and his earlier disciples never dreamed. Rival schools, moreover, started up at Chicago. All this necessitated a change of name, and accordingly "The Cleveland Homeopathic Hospital College" appeared upon the scene. Next, after many years of apparent prosperity, a feud arose—from personal hostility between members of the Faculty, it is said—which led to a disruption of the old college, and the founding of a new one, under a non-sectarian title—"The Cleveland Medical College"—and now the parent school, compelled to follow its aspiring daughter in the path of progress, gets itself legally transformed into a "University," not "Homeopathic," but of medicine and surgery at large. "What's in a name?" it may be asked, but surely, unless this sonorous appellation is to become a ludicrous misnomer, its adoption must be followed by a corresponding change in the scope and methods of tuition. If the words "University" and "Homeopathic" cannot be brought into harmonious conjunction, so neither can the original dogmas of Hahnemann, as still professedly upheld by his disciples, be incorporated in any liberal and comprehensive scheme of professional education. But the *dual action of drugs*, a principle adequate to account for all well-attested clinical facts relied on by Homeopaths, is now understood and assented to by intelligent physicians generally. As you have pointed out, this principle should now be inculcated in every school of rational medicine, so that their graduates may go forth fully equipped for warfare, not only with disease, but with popular delusions and the fashionable forms of quackery. The following may serve to show how such instruction might be conveyed. The *American Therapist*, discussing the relations between pathology and therapeusis, using phosphorus as an illustration, says: "Admitting the clinical fact—the therapeutic value of phosphorus—what is the scientific fact upon which it depends? Briefly, it may be translated as follows: small doses of a drug which in lethal doses shows a specific tendency to modify unfavorably the function of certain cells, or certain structures, will, generally, produce a favorable change when these cells are diseased. In other words, when the hepatic cells cease to function properly; when the condition of the organism shows that waste products are not eliminated, indicated by passive congestion, jaundice, cardiac derangements, skin eru-

tions, pulmonary and bronchial affections, together with cerebral and mental complications, the exhibition of the minimum dose will be attended with the most favorable results—up to a certain point. Like arsenic and antimony, however, if long continued, it will eventually produce the identical results which it is desired to relieve, as we might naturally expect from its affinity for water and oxygen. It does not increase the eliminating function of the hepatic gland, only indirectly by its stimulation of cell function, and even the effect of the lethal dose is limited comparatively, being confined to the periphery of the lobule. On the other hand, cantharides, given hypodermically, affects the central as well as the peripheral area of the hepatic lobule, an observation which may throw some light upon the peculiar effects produced by some of the more recent methods in medication, tuberculin, liquid organic extracts, etc."

It is a significant fact, in connection with the evolution spoken of, that but a few years ago, the old Cleveland College took a very positive stand against the omission of the sectarian adjective from the designation of the new one. But now the *Medical Century*, having ventured some unfavorable comments based upon this circumstance, and being taken to task therefor by a defender of the "University," comes out with a most humble apology and disclaimer of having intended the slightest offense. Yet this same journal keeps on howling against Dr. Obetz, for having "destroyed" the Homoeopathic department at Ann Arbor, the fact being that his action has merely resulted in throwing open a certain avenue of knowledge to all medical students in the institution, instead of reserving it for a steadily diminishing band of exclusives. How, under the circumstances, could a *University* do otherwise?

GEO. L. FREEMAN.

March 20, 1894.

OUR LONDON LETTER.

LONDON, ENG., March, 1894.

Editor NEW YORK MEDICAL TIMES:

The red night lamp before a doctor's door, the big brass sign and the numerous surgeries, are the outward peculiarities of London medical practice, which, perhaps, most forcibly attract the attention of the professional foreigner.

1. The red lamp, in front of house or "surgery," is, I understand, almost strictly local to London, not being found in the provincial cities and towns, where it is "tabooed" by a sterner code of medical sentiment, as "unprofessional advertising." It naturally came into existence, long, long ago, as a most convenient street direction to the whereabouts of a doctor, when one was needed at night; but is, I think, going into disuse (certainly among the "rising" class of practitioners) both as savoring too much of non-professional methods, and as inviting a class of "accidental" night work, which is apt to be more troublesome than profitable. As an old New Yorker, I do not remember to have ever seen such a doctor's sign in that city, where, indeed, the use of any lamp outside of a strictly private dwelling, has, hitherto, always been restricted to the two lamps at the door of the Mayor's residence, during his term of office.

2. The big brass sign, a foot or two square, "more or less," on a doctor's door, or front railing, with its array of titular initials (three at least, if not six), contrasts very strongly (and, to the eye of good taste, unfavorably) with the modest strip sign in black and gold at the side of the door, the strip of glass with gold lettering tucked into the corner of a front parlor window, or the quiet and substantial silver-plate which we see in American professional use. The number of initials following the name—such as L. R. C. P. (Licentiate of the Royal College of Physicians); L. R. C. S. (Licentiate of the Royal College of Surgeons); L. S. A. (Licentiate of the Society of Apothecaries), etc., etc., as indicating the source of the owner's medical qualifications—or M. B. (Bachelor of Medicine) or C. M. (Mas-

ter in Surgery), and M. D., as vaunting the *nature* of his license or diploma, which appear upon these brass plates, are somewhat bewildering to a stranger. Still more so is it, when he finds other signs inscribed with plain "Dr." or with *Mr.*—Surgeon, or "Mr.—Surgeon and Accoucheur," etc.; and he naturally wonders at all this trading upon the merits of different "qualifications," which, after all, mean only one thing practically—i. e., "I am legally qualified to kill or cure ye, oh, gentle public!"

It all may have, (perhaps, in the past it may have had more than now) a very important value in befooling the public, but, in these later utilitarian times, I fancy it has a less potent power. For now, even the veterinaries sport their big brass plates with the full swing of M. R. C. V. S. after the name; and the civil engineer, the solicitor, the fire and life assurance agent, and even (*horribile dictu!*) the music teacher and the dressmaker, outdo the doctor, on door and front railing, with their "brazen cheek!" These and other cognate causes within the profession itself, are gradually working a change, I think, in both the size and the phraseology of the doctor's sign. In proof of which, I may state, that a young friend of mine, who is pushing his way well "to the fore" here, lately found that his chances for an appointment on the consulting staff of one of the prominent general hospitals, were seriously imperiled by the fact that his door sign (otherwise unimpeachable) contained his consultation hours! When I last passed his place, I noticed that he had a new, and a somewhat smaller sign, with the simple prefix of "Dr." to his name!

In the West End of London (corresponding to our Fifth Avenue, Madison Avenue and Upper West section) the big brass plate does not flourish so abundantly. The happy few who inhabit the neighborhood of Harley and Wigmore Streets, etc., have now no need of any glaring "adventitious aids." They dwell and practice in the subdued half-light of assured success. The big brass sign, like the red lamp, belongs only to the struggling period of a professional man's life. And yet it may be reasonably expected that, in due time, the "general practitioner" of London will be toned down in respect of these externals, to quite the same self-respecting lines of professional etiquette which (with all due respect to Mr. Ernest Hart, of the *British Medical Journal*) obtains in American cities.

3. The surgery, in common British parlance, is the doctor's consulting-room, with drug-room attached, where advice is given and medicines dispensed. A strongly marked prejudice, which seems always to have prevailed in American medical circles, against a physician's uniting in his own person the offices of prescriber and dispenser, has prevented the "surgery" from ever becoming an "institution" there, as it is here. I think traces of it may yet, possibly, be found in the older portions of New York City, where it was introduced by old country doctors in the earlier portion of the present century. A survival, in itself, of the crude and early days of British medical practice, when its practitioners were less troubled than now, with questions of "medical ethics," etc., the "surgery" of to-day is simply its popular name for what it is, in modern phrase, more euphemistically termed "the consulting-room." The word "office," as used in the same connection by American physicians, is held in righteous abhorrence by the British practitioner, as savoring altogether too "awfully" of trade.

This kind of surgery (the consulting-room proper) is generally established, if the location and construction of the doctor's house permits, in a small adjoining wing, or building; has its separate entrance, bell and bell-boy in attendance, and is labelled "Surgery," on its windows and doors. In this form, as of the house, yet not in it, the surgery possesses advantages, of which the construction of most American city houses do not permit.

But there is another kind of surgery, common enough in Great Britain, and so rampant in London, as to attract the notice of an American, which is somewhat analogous to our dispensary. This kind of surgery (the private dispensary) is generally located in some poorer locality of the

town, not too far from the doctor's residence. A house is rented; the ground floor rooms used as the surgery; the upper part occupied by the family of the care-taker, who thus gets the rent free. Or, a store on the first floor of a building is rented; the interior divided into a (front) waiting-room for patients; a (rear) consultation room, and a pharmacy room for the putting up of medicines—the furniture all of the plainest and scantiest. The lower sash-glass of the windows are obscured by painting, or by curtains, and blazoned with the words "Surgery" and the consultation hours—generally 11 A. M. to 1 A. M.; 7 to 9 P. M.—the doctor's brass sign is placed in position; the red lamp mounted outside; a small boy engaged as "surgery buttons;" the services of a "dispenser" obtained, and the surgery is ready for work.

This kind of "surgery" is, at the present day, undeniably the regular and indispensable "pot-boiler" of the profession in London. To the young man, without means or influence, who desires to gain a foothold in this vast "metropolitan wilderness," it affords the only "entering-wedge." The fees are low; consultations necessarily brief and very practical, the medicines furnished of the cheapest quality, and of the hastiest pharmaceutical combination. It is, altogether, bordering (to say the least) on what a contractor would term "scamped work;" but it "fills the bill," for those who patronize these surgeries are mostly those whose means just raises them above the class who depend on "parochial medical relief," and their intelligence appreciates the *quantity*, if not the quality of the medicines given them. Not infrequently, a physician with a decidedly business turn of mind, will, as his means and practice increase, establish two or three of these surgeries in different parts of the city; committing them severally to the care of a hired "medical assistant" (duly qualified), or to an "unqualified" man (student or unregistered doctor) whom he takes the risk of "covering" with his own name, in case of anything going wrong; he buys his medicines at wholesale, and of the least expensive sort; and, by close management, making "one hand play into the other," all around, he works up a very pretty business annually out of his surgeries, turning them over, (when he has reached the point where he can afford to drop them) for a consideration, and without regret, to some less fortunate and still struggling brother. There is no philanthropy in this (whatever talk of it there may be); it's business all the way through, and one with which, I doubt not, every self-respecting physician is glad to cry "Quits!" at the earliest possible moment in his professional career.

In what I have here written concerning this class of London "surgeries," I do not wish to be understood as too sweepingly condemnatory. I admit that there is a reasonable distinction to be made among them; dependent, of course, upon the character of the physicians controlling them, whether they are actuated entirely by selfish motives, or by a proper sense of professional responsibility. It will always be the *motive* of the man which will determine the character of his work. The great trouble is that the profession in London is terribly overcrowded; the hospitals, provident dispensaries, co-operative sick and benefit societies, and other forms of medical aid are very numerous, and are infringing more and more upon the legitimate field of the general practitioner, "cutting rates" to a degree which tends rapidly to the demoralization of previously existing relations between physician and patient. There will always be some, even in the learned professions, who will work a little cheaper than their neighbors; there will always be those (and many) who will get their "doctoring" where they can get it cheapest, aside from all other considerations.

I have spoken of surgery-*fees* as low. The average (minimum) fee for consultation, at what might be called one of the better class of these surgeries, would be eighteen pence (37½ cents, U. S.), and one shilling (25 cents, U. S.) for a bottle of medicine; for attending a confinement "booked" at the surgery, one guinea (\$5.25 U. S.); tooth-extracting, a shilling; vaccination, a shilling (if human

lymph is used); or two and six pence (62 cents U. S.), if calf lymph.

At a second-class surgery, these rates would probably be, for privilege of consultation and supply of medicine for a week, one shilling (25 cents U. S.); in some cases, consultation and medicine for *three pence* (6 cents, U. S.)! Confinements booked at *half a guinea* (\$2.62 U. S.).

As a rule, minor operations presenting themselves at the better class of surgeries, are referred to the hospitals, as the *shilling* for which they are elsewhere done, would not compensate for the time and trouble of merely dressing them.

In the two consulting hours of a busy surgery evening's work, anywhere from twenty to fifty patients can be attended to "with neatness and despatch."

It can be seen that the "surgeries" (of the better class) referred to would fill a really needed place in the treatment of the poor if they were used only by the poor. But, in fact, in London, as elsewhere, they are largely used by a better class of people who are willing to appear poorer than they are, in order to save their pennies, for, alas!—too often—beer! There is, however, consolation in the thought (however oblivious they may be of the fact) that these frauds, probably, do not get much more than the *real* value of their money's worth, either in careful attention or in medicine, from the physician whom they thus try to deceive.

H. R. STILES.

A MIDWINTER SEARCH FOR A SOUTHERN HEALTH RESORT.

Along the coast line of the Atlantic are many localities where health is breathed in, as easily as a flower, all unconscious, gives forth its fragrance to the weary seeker after health.

To accomplish something was the object of a party of journalists, who made their visit to the sunny Southrons during the period when New York was wrapped in the bosom of a tornado and a blizzard.

Taking the Old Dominion Line of Steamers one cold afternoon, we wondered who our friends would be, whether we would be agreeable to them, and how they would impress us. The forebodings were truly dismal enough that bleak day to have an ending so complete in every way. Our companions were: Dr. W. C. Wile, Editor of the *New England Monthly*, Danbury, Conn., wife and daughter; Dr. E. C. Angell, Editor of *The Sanitarian*, Brooklyn, N. Y.; Dr. Ferdinand King, Editor of *The Polyclinic*, New York City; Hon. Clark Bell, Editor of the *Medico-Legal Journal*, New York City, and wife; Dr. Howard Van Rensselaer, Editor of the *Medical Annals*, Albany, N. Y.; Dr. W. Blair Stewart, *Medical Bulletin*, Philadelphia; Mr. Martin Guffing, *The Danbury News*, and wife; Mr. R. G. S. McNeill, *Bridgeport Standard*; Mr. M. D. Wood, *The Times and Register*, Philadelphia; and Dr. Geo. Taylor Stewart, NEW YORK MEDICAL TIMES.

We all seemed to be happy, for everything was being done for us by the *Roanoke's* officers and the genial Superintendent, Mr. Window, while the graceful steamer kept attune with the rolling of the waters. True, all tried to be in tune, but some did fail. The trip was charming—the steamer plowed her way onward to the merry clang of her machinery and the winsome stories of Father Stewart, of Rochester, and the tales of our genial tars.

We arrived in Portsmouth within the twenty-four hours allowed to make the trip, feeling well pleased with the kind attention and the staunchness of our *Roanoke*. The table had put even those who had suffered from *mal de mer* the previous evening, in good humor and ready to see all there was to be shown.

The first landing was made at Old Point Comfort—really the Hygeia Hotel—which had stolen a wintry look from the blizzard we had escaped from.

Arriving at Portsmouth at three in the afternoon, we

were immediately taken in charge by the Seaboard Air Line Railroad and made exceedingly at our comfort in two special coaches, which were to be our home while their guests, and the guests of Mr. Patrick, the Southern Immigration Commissioner. Our few hours in Portsmouth were given up to the town and to Norfolk, across the river. The rain prevented us from seeing Norfolk as we could have wished. Our train left about nine that evening, arriving in Henderson the next morning, where the generous hospitality of the South first made us welcome. From here on, we met with men and women who made our search a charming experience.

Everywhere the warm hand and heart greeted us. To those who have lived in an atmosphere of push and hard knocks it was like an awakening. A new world unfolded its life to us, and we accepted its kindness in as heartfelt a manner as it was natural for the South to extend it. Along the route of the Seaboard Air Line, with its fast trains, its splendid road-bed, and its energetic officers, were visited, Southern Pines, Charlotte, Athens, Atlanta, Clinton, Wilmington, and Raleigh. At all these towns and cities we were entertained officially, and by private individuals, who could not do enough for us. To the ladies who welcomed the ladies of our party, we lost our hearts. What more can we say? To write of our pleasures would be endless, so it becomes me to dwell upon these different points and localities as to their climatic and sanitary advantages.

Henderson, with its tobacco, and colored school, was an interesting town, and to Drs. Cheatham and Tucker and the citizens we were indebted for an opportunity of enjoying the hospitality of a splendid hotel menu.

The climate was invigorating, and one in which an anæmic patient could find rest and an excellent hotel.

Charlotte honored us and truly made us comprehend the fact that she was a progressive and enterprising city, with its cotton and oil mills, which we visited. From a general view of the surroundings, and energy, together with its warm, unenervating climate, Charlotte is pre-eminently fitted for one who finds that to labor is as much a necessity as health. The general appearance of the gentlemen who so entertained us that we would have remained longer, bespoke an energy and a hospitality well fitted for a Northern brother. Our ride through the city gave evidence of thrift, while those who spoke in favor of its healthfulness were witnesses of their truthfulness.

Athens, the classic city of Georgia, full of memories of the living and the dead, brings back the pleasant memory of genial men and charming women. The home of Henry Grady, of Dr. Long, and others, whose memories recall so much.

Its university, whose colors, red and black, bound in friendship's tie the masses of blooming violets, gifts of fairest hands and pleasantest hostesses, is an honor to the State.

As we left the warmth of welcome and the genial climate, the old refrain sprang to our lips:

"Maid of Athens, 'ere we part
Give, Oh, give me back my heart."

Atlanta, the Queen City of the South, opened wide its doors to us. Its reception was worthy of its reputation.

To Mr. Stockdell, Dr. Westmoreland, Dr. Howell, and many newly made friends, we are indebted for a delightful visit, long to be remembered. The Commercial Club first initiated us into the mystery of the climate, which was warm and salubrious. Atlanta, with an elevation of over a thousand feet, is well situated, and well calculated to assist in restoring a worn-out nature, unless he or she should become imbued with the energy displayed by the native to the soil.

Clinton, South Carolina, is an interesting little town of about eight hundred people. The Thornwell Orphanage, under the Presidency of the Rev. Dr. Jacobs—open to children of all denominations—is an institution in which the town may take pride for in eighteen years there have been but two deaths.

At the present time there are one hundred and twelve inmates.

This is a remarkable showing, and the town statistics bear out its reputation as to healthfulness.

We were favorably impressed with the hospitality and salubrious climate of Clinton.

Wilmington will long be remembered for the greeting of its citizens and the welcome of its daughters. We were met outside of the city by a delegation who immediately took charge of us, and how well they succeeded it is a wonder that we are living to tell.

After breakfast we were escorted to a steamer, which bore us down Cape Fear River to Southport, past Fort Fisher, where it seemed good to our hosts that we should lunch.

Arriving at the dock we were taken aboard a special train, and first shown the beach, and then were hastened back to the famed oyster place of the South.

Our time was so taken up by the festivities, that we had very little time to make note of Wilmington as a health resort; but this fact is known, that throat troubles improve in this locality. It would seem also to be an excellent resort for those who are benefited by the sea air.

Raleigh, the capital, was so cordial in her greeting that we were made to forget that the weather was rather cheerless without.

All was warmth within her doors, for our party was welcomed by her daughters and her sons. The dinner was excellent and the speeches good. The next morning we visited the Capitol, and the Superior Court Room, being received by Chief Justice Shepard. Everything was done to make our stay a bright spot in our trip.

Southern Pines entertained us cordially and made us feel as though we had stepped into a New England village—Southernized—with its people and its church—but without its climate.

Situated on an elevation of 600 feet, giving a natural drainage with a sandy soil of from fifty to ninety feet in depth, with its long leaved pines (*Pinus Australia*) and its clear spring water, it seemed the health resort for which we searched.

Here was a climate with an average annual mean temperature of fifty-eight degrees; and an average summer temperature of seventy-four degrees, and an average winter temperature of forty-four degrees, within twenty-four hours of New York.

In the distance was a large, handsome hotel in the course of erection, which we visited and found ready to be fitted with all modern conveniences.

In the town were smaller hotels, with large rooms and excellent tables, filled with guests who showed the improvement in health by their rosy cheeks and happy temperaments, while the atmosphere was laden with balsamic odors from the pines which help supply the world with turpentine, tar and pitch.

This town will certainly be one of the most popular health resorts in the South, and we can recommend it to our patients, as the following testimonial, signed by our entire party, can testify:

SOUTHERN PINES, N. C., Feb. 15, 1894.

To the Medical Fraternity:

The physicians who compose the Medico-Editorial party who have visited the State of North Carolina along the Seaboard Air-line, desire to express the opinion that the Piedmont region, between Henderson and Hamlet, offers favorable natural conditions for sanitation. For persons whose health requires a mild winter climate, Southern Pines, a station on the Seaboard Air-Line, because of the dryness of its soil, its elevation above sea level, the invigorating quality of its atmosphere and its accessibility to New York and New England, associated with moderate necessary expenditure during temporary or prolonged residence, presents natural advantages that highly commend it to the favorable attention of the medical profession.

In bringing our search to a close it would ill become me not to give due credit to the Seaboard Air-Line Railroad,

and the Old Dominion Line of steamers, for the generous hospitality which they dispensed, at the same time thanking those officials who made the trip one which is seldom equalled, never surpassed.

We appreciate our warm hearted Mr. Taylor, who so carefully attended to our very many wants, when now we are thrown back into real life.

To Major Winder, Captain Whisnaut, Mr. Anderson and his wife, Mr. Patrick and all our other friends, we are indebted for many a pleasant hour and a happy return.

It is with pleasure that I recommend this trip, over these lines, for both invalids and those in need of recreation.

GEO. TAYLOR STEWART.

Ward's Island Hospital, March 16, 1894.

SOCIETY REPORTS.

THE LOUISVILLE MEDICO-CHIRURGICAL SOCIETY, STATED MEETING, NOVEMBER 10, 1893.

(Stenographically reported by C. C. Mapes.)

THE VICE-PRESIDENT, DR. T. S. BULLOCK, IN THE CHAIR.
Occlusion of External Auditory Canal.—Dr. J. M. Ray: This case is of some interest from a surgical as well as from an etiological standpoint. This patient suffers from occlusion of the external auditory canal. The history is that twelve years ago he was injured on the left side of the head; you will see that there is considerable difference in the symmetry of the two sides. As a result of the injury, suppuration of the middle ear was established, and either as a result of this suppuration or the injury, he now has occlusion of the external auditory canal. You will notice that not very far in the external canal is blocked up; there is a small opening in the center through which by pressure a small drop of pus may be protruded. He complains of the constant dropping of the pus into the naso-pharynx. As a result of the defective drainage, there is an accumulation of the pus over the temporal region, and by pressure above the ear, the pus can be made to pass through the small opening in the canal and through Eustachian tube. I brought him here particularly to get the opinion of the members of the Society as to the advisability of an operation. Sometimes it becomes very painful and causes him a great deal of trouble. Operations for restoration of the external auditory canal have been undertaken, particularly for the removal of bony growths. Text books simply speak of this variety, and state that cases should be operated upon in the same manner as for the removal of bony growths. The method of operating, if it is a bony growth, would probably be best by the electric trephine. I would like to know whether an operation would be advisable or not. There have never been any mastoid symptoms, but the patient has had several attacks of swelling, pain, etc.

DISCUSSION.

Dr. W. Cheatham: It seems to me that an operation is not only advisable, but rather urgent. I think an incision should be made and the auricle turned forward to see what the obstruction is. It is evidently not an ivory growth. I would open the ear, follow up the sinuses, clean them out and remove the obstruction, whatever it may be.

Dr. S. G. Dabney: If the suppuration is from the junction of the cartilaginous and bony portion of the canal, it would hardly be necessary to turn the auricle forward, as an operation could be performed through the external auditory meatus. In this way the sinuses emptying in the canal would be thoroughly drained and the discharge of pus facilitated.

Dr. W. L. Rodman: I agree with what Drs. Cheatham and Dabney have said, that the patient should be operated upon.

Dr. A. M. Vance: I think from Dr. Ray's report that there is some trouble between the periosteum and the skull, entirely above the canal. I believe that you will have to go in above the ear and clean out whatever may be necessary there, then do what is required to open the canal. Evidently from the history of the case—that an exacerbation takes place occasionally—the pus accumulating above the auditory canal has caused necrosis, and I think it ought to be opened above as well as through the canal.

Dr. J. M. Ray: As to the method of operating, I think a point that should control us is how far back this obstruction extends. If it is simply in the cartilaginous part or even a spicula of bone sticking across the canal from the injury, and the deeper parts of the canal are still unobstructed, then an operation through the canal might be of some benefit. If, on the other hand, the canal is obstructed down to the drum membrane, then it seems to me that an external incision, turning forward the auricle and cleaning out the whole thing would be the proper method of procedure. To find this out I am inclined to resort to the trephine.

Case of Sacro-Iliac Disease.—Dr. T. H. Stucky: This patient, Mr. H—, aged 24 years, has kindly consented to come before the Society. The history is that he fell out of a tree when he was six years of age. In 1885 I attended him during an attack of typhoid fever, which the next summer was followed by a fever which had every appearance to me of septic fever. This was followed later by a bulging in the right side. Dr. Dugan was asked to see the case at this time (in January, 1891); the patient was anaesthetized and a large quantity of pus, I suppose nearly a quart, was evacuated and with it a fragment of dead bone. The cavity was thoroughly irrigated, no further evidence of necrosis or distention was found, and the wound was closed. In the following March this sac had re-filled; another incision was made by Dr. Dugan, as will be observed, over the course of the spine of the ilium, and a large portion of the bone removed, which was necrotic at that time. The patient went on until he apparently made a very good recovery, when there appeared in the right iliac fossa a decided bulging. During the visit of the Bovinine agent he asked me if I had a case upon which it could be tried, and I referred him to this patient. Bovinine was injected into the upper wound and the preparation mixed with pus would come out the lower opening. A thorough trial was given the Bovinine, but in my opinion very little benefit was derived. During the attack of what was supposed to be septic fever, there was almost complete loss of motion of the extremities. I have not seen the patient for a long time until this morning. He has been in New York for over a year and appears to get along fairly well. I brought him here this evening to see if anything could be suggested to further improve his condition. It occurs to me that the head of the femur may be involved.

Dr. W. L. Rodman: I think this was originally a case of sacro-iliac disease, most likely of tuberculous origin. I understand that his grandmother died of tuberculosis, and the general appearance and condition of the patient would suggest disease of a tuberculous nature. Ordinary necrosis of the ilium in my experience has been very rare. I can only call to mind one case now, and that was a case of necrosis of the symphysis, seen with Dr. Anderson four or five years ago.

Dr. A. M. Cartledge: I do not think that the question of the pathological nature of this trouble is of so much importance as the origin of the lesion and the situation of it now, and what can probably be done as a means of relief. I think we all agree that such conditions as this in bone, you may say ninety-nine per cent. of them, are tuberculous in character, and I do not think this is an exception to the rule. Like Dr. Rodman, I believe that this trouble originated as sacro-iliac disease. I think the first pointing of the abscess would indicate that, as well as other features connected with it. The case must be recognized clinically as being a most unfortunate one so far

as any relief is concerned. I should think that a thorough curretting of these sinuses and the injection of iodoformized oil, after removal of all the diseased structures, would promise as much as anything in the way of treatment, and would probably arrest the further development of the case.

Dr. A. M. Vance: I agree with what Drs. Rodman and Cartledge have said as regards the origin of the trouble. I think, considering the age of the patient, if it should prove that he has not too great an amount of albumen in his urine, that possibly a more extensive operation than the curretting of the sinuses might be advisable. Probably a great deal of diseased bone and bone débris might be taken away by a thorough opening, and some repair might occur. However, I think very little encouragement can be held out from operative measures.

Dr. E. R. Palmer: I think the near future ought to give us a differentiation between the wide spread and exceedingly common disease known as pulmonary tuberculosis and these conditions that the surgeons speak of as tuberculosis of the joints, tuberculosis of the lymphatic glands, etc., especially in cases like this one, in which examination shows that the lungs are absolutely exempt from the trouble. If the lungs are almost invariably the seat of tuberculous development, why should not this young man necessarily have pulmonary tuberculosis? I further believe that in the near future typhoid fever, as we now call it, will be divided into several different kinds of fevers; so is it not probable that these conditions we have been accustomed to look upon as tuberculous glands, tuberculous joints, etc., will be shown to be entirely distinct, having no connection whatever with pulmonary tuberculosis? I do not think from my clinical experience with those tuberculous surgical troubles that there is necessarily any connection whatever between the pulmonary history of the family or the pulmonary condition of the patient. This is a subject to which I have given considerable thought in the last few years.

Dr. W. O. Roberts: I did not hear the history of the case, but from what I saw I should agree perfectly with what has been said as to the cause and nature of the trouble. I agree with Dr. Vance, that there is certainly bone disease which will have to be scraped away.

Dr. J. A. Larrabee: I believe it is an established fact that in adults wherever there is a tuberculous lesion in any other part of the body, it will also be found in the lungs. But in children this is not the case, and there may be tuberculous deposit in the brain or in the pleura or peritoneum without involvement of the lung. If tuberculous disease be found in any organ of the body in the adult, it will also be found in the lung. The distribution of tubercle in children is made by means of rapid growth; where the most active development is going on, there you are more liable to have tuberculous deposits. We have the joints and brain as illustrations.

Dr. A. M. Vance: What is the outcome usually of tuberculous disease of the spine, hip and other bones in children; do they survive the primary trouble or do they die of tuberculosis as a rule?

Dr. J. A. Larrabee: No; such children do not die of tuberculosis any more than scrofulous children die necessarily of that disease. It is the observation that such children lose their strumous manifestations after puberty, and become healthy men and women.

Dr. E. R. Palmer: Is it not a fact that scrofula, so-called, is nothing more nor less than the tertiary manifestations of syphilis?

Dr. J. A. Larrabee: I believe it is conceded that scrofula is a manifestation of the tertiary or latent stage of syphilis.

Dr. T. S. Bullock: I would like to ask if there is any such thing as tertiary syphilis.

Dr. J. A. Larrabee: As I have already stated the distribution of tubercle in children depends upon active development, and we may find tuberculous deposits in various parts of the body without finding them in the lung; but I do not believe we ever have tuberculosis of the

pleura, peritoneum or brain, without tuberculosis of the lung in adult persons.

Dr. E. R. Palmer: If a child with hip disease has had pulmonary lesions with the hip lesions, it seems that they nearly all get well; but children the subject of tuberculosis of the lung without the hip lesion nearly all die. If such be a fact, then the most natural conclusion would be that you ought to give the hip disease to the child with tuberculosis of the lung in order to cure it. Nine cases out of ten of tuberculosis of the joint in children get well.

Dr. J. A. Larrabee: Have you ever seen a case of tuberculosis of any organ in the adult, without tuberculosis of the lung?

Dr. T. H. Stucky: In justice to Dr. Dugan I desire to say that he has not seen the patient exhibited by me for a year until to-day. He suggested identically the course of treatment as suggested by Dr. Cartledge, curretting and examination for any necrosed bone that may be there, and the removal of same, and the injection of hot iodoformized oil. This is the treatment that will be followed.

There is one point I omitted which possibly might be of some interest. For about three months preceding the first operation, the patient had complete loss of motion of the lower extremities, and there was considerable dropsy, which was hard to explain at that time, because there was very little albumen in the urine. Iodide of potassium was given him, thinking that possibly there might be some specific lesion, although no such history could be elicited. He took at one time sixty grains per day without any trouble. This was withdrawn, and he then developed the septic fever as already stated. Dr. Dugan was called and removed several small spiculae of bone, and a large quantity of cheesy pus also came away. I curretted what I believed to be a portion of the sacrum on two occasions. The patient has never been in bed except at the time of the operation. He has always had a good appetite and was able to perform his duties in the custom house here until he left for New York. He has never had any cough, and there is no history of tuberculous trouble in the immediate family. His grandmother died, not of consumption, but of chronic bronchitis.

Lymphoma—Operation.—Dr. W. L. Rodman: This is a beautiful illustration of a lymphoma removed from the neck of a patient that was seen, I believe, by two of the gentlemen present prior to its removal. It is one of the largest I have ever seen, being at least one-quarter larger than it seems now, before it was put in alcohol.

It was removed from the neck of a fine looking young woman, married, about twenty-five years of age; it had been growing for three or four years; but never the seat of any pain. She stated that it grew rapidly during the last six months or a year. She thought that its rapid growth of late was due to the fact that she was pregnant. I saw her for the first time only two weeks ago. I did not operate then because her baby was only three weeks old. The tumor evidently began from one of the deeper lymphatic glands, situated beneath the region of the sterno-cleido-mastoid muscle. I made the diagnosis of lymphoma, and advised its removal. One end of it was well beneath the sterno-cleido-mastoid muscle, contrary to my expectations. From a careful examination it seemed to be quite a superficial growth; it moved I thought freely, and I did not anticipate the trouble that I afterward experienced in effecting its removal. An incision was made anterior to and parallel with the external jugular and removed in this way. Possibly it could have been removed more readily had I severed the vein, but as accidents sometimes occur even from cutting the external jugular I thought best to avoid it. Hemorrhage was rather profuse, but was readily controlled with forceps and pressure.

I have not seen the patient since the operation, but suppose she is doing well, otherwise I would have been notified. The operation was performed at the patient's home in Indiana, and she was left in charge of her family physician. While this tumor has softened at several points—as seen by a vertical section—I do not think it likely to be malignant degeneration.

DISCUSSION.

Dr. W. O. Roberts: I saw the patient referred to by Dr. Rodman, and I think she was at that time seven months pregnant. She came over to see whether or not it would be advisable to have the growth removed before her confinement. As the tumor was growing slowly, I advised her to defer operative interference until after the labor, and that she must come to the infirmary to have the operation performed.

Amputation of Limb for Sarcomatous Disease.—**Dr. A. M. Cartledge:** This specimen is a limb amputated to-day. About ten days ago I saw the patient, a young woman aged twenty-two years, who gave the history—rather it was given by her physician—that he had seen her some months before complaining of pain in the region of the head of the tibia; there was some swelling, and she said it had been paining her for only a few weeks. She was treated by the expectant method for a while, followed by a marked increase in all the distressing symptoms. I saw her a few days afterward; found patient very weak and anaemic looking, temperature 102 or 103° F. I made an incision down to the periosteum over the head of the tibia; inserting my finger into the wound I found the bone extensively diseased, and pus was welling up out of the medullary canal. The incision was enlarged, the medullary canal opened, and the bone curretted until we thought the diseased portion had been removed. A few days later it was decided to make another incision posteriorly, as there was still intense pain in the limb, and I was confident that we could not remove all the disease and save the limb, yet we desired to give the patient the benefit of the doubt and save the member if possible. The patient's condition was so extreme that after making the incision and finding that we could not locate the extent of the disease, I advised amputation at once and it was done to-day. You will observe that it would have been impossible by any means to have gotten rid of the extent of the disease; it began so high up and was so extensive, that it was not possible to have gotten rid of it by any means of conservatism. I believe the trouble is central sarcoma, with secondary infection by pus organisms. No microscopical examination has been made.

Dr. Vance reported a case some time ago which was like this in some respects; where there was severe pain about the head of the tibia; the limb finally being amputated. I am on record in the discussion of that case as saying that I believed many cases of supposed osteitis were really cases of central sarcoma. I think many of the cases we formerly thought were tuberculous inflammatory began as central sarcoma with perforation, the inflammation and osteitis being secondary to the sarcomatous change. In the case I have reported, day before yesterday upon the introduction of my finger into the wound, several lumps of soft myeloid tissue were removed, showing the probable sarcomatous nature of the trouble.

Very Large Tumor of Right Labia Majora.—**Dr. W. O. Roberts:** The specimen which I show here was removed from a woman thirty-five years of age, the tumor having begun six years ago in the right labia majora. It grew steadily but slowly. Between six and eight months ago she said it began discharging a thin watery looking matter. I saw her yesterday for the first time, and upon examination found this tumor, which you will observe is about the size of a cocoanut. It was painful to the touch and so very heavy that she had to lie with her legs wide apart, and while in bed the tumor was suspended in a sling. No secondary deposits could be discovered anywhere, so I advised removal of the growth, if for no other purpose than to give her temporary relief. The tumor weighs exactly three pounds.

DISCUSSION.

Dr. A. M. Vance: I think whatever may be the lesion, that the proper treatment has been applied. Referring to the case reported by Dr. Cartledge, I am inclined to agree with him that considering the age of the patient and the

rapidity with which the disease progressed, that it is more than likely malignant in character.

Dr. W. L. Rodman: I did not hear the full report of Dr. Cartledge's case, but I am not inclined to think that this is a malignant growth. I think the very point made by one of the speakers as evidence that it is malignant, is rather a contra-indication to it. Central sarcoma of bone are well known to be the least malignant of all sarcomata; they run a very slow course—at times seeming to be practically benign. The duration of central sarcomata, usually the myeloid variety—is from one, two, three, four and even five or six years. There is the very greatest difference between the course of periosteal sarcoma and myeloid or central growths. So I am very much inclined to think that this trouble is inflammatory rather than malignant. Of course the treatment was the proper one; the limb should have been amputated in either event.

Dr. A. M. Vance: I think that the tumor shown by Dr. Roberts is more than likely sarcomatous in character, and ought to have been removed as was done.

Dr. W. L. Rodman: I do not agree with Dr. Vance. I do not think the growth is malignant at all; it does not have the appearance of a malignant tumor. I claim that the macroscopical appearance of these growths is almost as characteristic as the microscopical. I believe that it is a fibroma. Its weight, slow growth and situation would point to either fibroma or enchondroma.

PEDICULATED UTERINE FIBROID.*

Dr. W. H. Wathen: This tumor is a pediculated uterine fibroid, twenty pounds in weight, which was attached to the fundus of the womb. The woman had suffered with the tumor for fifteen years; it gradually increased in size, and caused serious local disturbances; it had increased more rapidly during the last two years, and was causing so much pain from pressure, loss of flesh, etc., that she insisted upon having it removed. The tumor did not appear to be firmly connected with the uterus, and was diagnosed either as an ovarian fibroid, or a pediculated fibroid of the uterus. Her urine was examined by the interne at the Infirmary and pronounced normal, with the exception of the specific gravity being 1.030. It was examined at night and probably the examination was not reliable. The urine is always examined before I do a laparotomy, and the examination is usually made by my chief assistant, Dr. Louis Frank. If there is any trouble with the kidneys, I invariably ask the anæsthetist to give chloroform, believing it is less injurious in its action upon the kidneys than ether. But if the kidneys are normal, I leave the matter entirely with the anæsthetist and he administers whichever he prefers. In this instance he began the anæsthesia with chloroform, but shortly afterward changed to ether, so that probably five-sixths of the time the patient was under the influence of the anæsthetic, it was by ether. When the abdomen was opened, I observed that the tumor was a pediculated uterine fibroid. The omental adhesions, as can be readily seen, were very extensive, and I have never seen omental adhesions so tough. A large portion of the omentum was removed. There was nothing of special interest during the operation, with the exception that just after the adhesions were separated, Dr. Frank, with his hand on the abdomen, felt the aorta beating very rapidly, and said the woman's pulse was 130. It was normal before the operation. The operation was quickly completed. I examined her twenty minutes afterward and the pulse was 74. I saw her again at 5.30 in the afternoon, two hours after the operation, and at eight o'clock in the evening; pulse 80. She had passed some urine without catheterization. I saw her no more until eight o'clock the next morning, when her temperature was

* Stenographically reported for this journal by C. C. Mapes, from report of Louisville Clinical Society, January, 1894.

102° F. pulse 120, urine scanty, passing about an ounce at a time, every two hours. There was nothing in the operation that could induce such a condition. I did not suspect trouble with the kidneys, and thought possibly it might be one of those cases with an idiosyncrasy to the toxic effect of iodoform, as a great deal was sprinkled over the wound, though but little could have gotten into it. There was considerable oozing, and a drainage tube was used for seven hours. The iodoform was all removed, but when I returned at noon there was no abatement of the fever, and the pulse was more rapid. The quantity of urine gradually decreased, pulse a little more rapid, and during the night ranged from 130 to 140, and the temperature from 101° to 103° F. The next morning pulse still 140, urine decreasing in quantity, and after nine o'clock no urine was passed, and there was none in the bladder. There was but little change in the pulse until five o'clock in the afternoon, when it went up to 150 and then varied irregularly from 160 down to 135. She was conscious until seven o'clock, when the pulse became imperceptible; she passed into a comatose condition about eight o'clock, dying two hours later. She had no convulsions. There was not a symptom of sepsis; the gas passed freely, and the abdomen was flat. The bandage had to be tightened several times, and when she died the abdomen was flatter than immediately after the operation. There was no iodoform poisoning, and nothing to account for the condition except the kidneys. I had the urine examined before her death by Dr. Frank, and append his report:

MRS. D.—URINALYSIS.

Amount for 24 hours, not stated.

Specific gravity, 1.030.

Reaction, acid.

Color, reddish brown.

Albumen, one-eighth by volume.

Sugar, none.

Urea, 2 per cent.

Uric acid and urates, abundant.

Blood, few corpuscles seen in some fields.

Pus cells, very few.

Epithelia, bladder abundant, few vaginal.

Casts, fatty, finely granular, hyaline.

You will observe that the specific gravity was still 1.030. I am convinced that the first examination was imperfect, and that the woman had, because of pressure of the tumor upon the kidneys, chronic nephritis, and that the ether had acted as an irritant and had brought about a suppression of urine, probably by causing acute hyperæmia.

I report this case because there are not many such cases reported where death has resulted from either chloroform or ether—more frequently, of course, from ether, although there are some cases reported of death caused by suppression of urine from chloroform. I believe that there are more deaths from the effects of ether upon the kidneys than have been reported. Some operators may not feel that such cases are worth reporting; some may not have observed carefully to discover what the trouble was; and some, through *carelessness*, may not care anything about reporting them. I make this report to emphasize the significance of carefully examining the urine in all patients where we are going to give ether, and particularly so in abdominal surgery, where there is a large cystic tumor or hard tumor that by pressure upon the kidneys may have caused nephritis. Relatively there are more deaths from ether following operations for fibroid or solid tumors. I have the urine examined in every case to be operated upon, even for curing the uterus or for a vaginal operation, before the anæsthetic is given, but I will not give ether again until the urine has been examined by a *thoroughly competent* person. While I might have no trouble in many cases, I believe our patients are entitled to this protection.

DISCUSSION.

Dr. J. W. Irwin: The case reported by Dr. Wathen is a very remarkable one. I do not care to have anything to say in regard to the surgery or surgical procedure, but if

this was a case of chronic nephritis, as the doctor says, it is very strange indeed that some evidence of nephritis was not present prior to the operation. The specific gravity of the urine following the operation would not correspond in my judgment to a case of chronic nephritis, and neither would hyaline casts; and as there had been no convulsions and no conditions leading to a semi-comatose state, it would be very hard to understand how chronic nephritis could have been in existence that terminated in death so suddenly after the administration of ether. I do not quite understand how pressure of this tumor upon the kidneys, protected as they are, could have brought about the condition as stated. It is true that tumors may have some influence in bringing on disease of the kidneys, but I do not think it is due to the pressure of the tumor. I cannot conceive how a uterine tumor like the one exhibited could press on the kidneys, especially a tumor connected with a movable organ like the uterus. The very fact that this patient lived after the operation without going into a comatose condition until she was moribund, and the further fact that examination of the urine showed the specific gravity to be 1.030 with hyaline casts—anyone competent or not might be able to take the specific gravity of urine—leaves this in my mind an open question as to whether chronic nephritis ever existed or indeed any form of nephritis prior to the operation. It seems to me that the condition which ended in death must have been due to the operation, either to the ether or shock, or it was due to some disturbance produced in the nervous system that brought about the fatal result. The imperfect report of the case hardly admits of discussion. The last urine examined by the chemist seems to throw no light upon the nature of the trouble, and where or when it was obtained from the patient I do not understand, as "No urine was passed (for thirteen hours before her death) after 9 o'clock, A.M., and there was none in the bladder." It may have been a case of acute nephritis, but this is merely conjecture.

Dr. J. A. Ouchterlony: The report of the case is defective in one respect, namely, that it does not state what was the character of the casts. A great deal depends upon that. If the casts were of a character that would indicate chronic nephritis, of course it alters the case. Simple hyperæmia of the kidney does not give rise to a temperature of 103° F.

Dr. W. H. Wathen: The report by Dr. Frank plainly states "fatty, finely granular, hyaline casts." It is usual in cases that have died from ether, where the ether has acted as an irritant upon the kidneys, that there have been no convulsions, and the patients have gone within a few hours of death before entering into a comatose condition. This is true in nearly every case reported. I suggested that probably this patient had acute hyperæmia of the kidneys, the result of ether acting upon either healthy or previously diseased kidneys. There are two forms of renal hyperæmia, one active, the other passive. In the active form the arterioles are dilated; in the passive form there is venous dilatation. In the active form there will, of course, be no fever, but in the active form you may have a temperature ranging from normal to 103° F., with the character of pulse that I have described, and with the same condition, going into coma and death. This is the history of acute hyperæmia of the kidneys in many cases. Dr. Frank's statement, which I file as a part of this report, would indicate that there had been previous trouble in the kidneys; further, that this patient had hyperæmia of the kidneys, because there were blood casts and other characteristic conditions of hyperæmia. There is one thing certain, the kidneys caused the trouble, and there was no surgical shock after the operation. The pulse went down to 74 and remained under 85 for ten hours after operation, then rose progressively until death, the temperature ranging from 101° to 103° F. The kidneys are not protected, as Dr. Irwin suggests, from pressure, but may be badly injured by the pressure of a fibroid tumor of the uterus or any solid or even cystic tumor in the abdominal cavity.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE DIETETICS.

Dyspepsia and Beef Tallow.—Dr. Park Holland writes (*Med. Record*): "I have found that in any gastric trouble accompanied by the eructation of gas—sour or otherwise—a liberal use of beef tallow to the exclusion of all pork fat (lard) is an excellent remedy. Beef tallow is rendered the same as lard, salt added after skimming. This will keep it sweet and wholesome in the warmest weather. Use this in the kitchen in place of lard. A person who is inordinately fond of 'grease,' can saturate his food in this, with no resultant 'belching.'"

"Cottolene," a compound of beef suet and cottonseed oil, which is sold as a substitute for lard, will no doubt answer the above purpose admirably.

Soya Beans for Diabetes.—In the London *Practitioner* for May, 1893, Dr. W. Hale White reports his investigations as to the value of soya beans as a food for diabetics. After telling us that the name is *soja hispida*, and that it is used in China and Japan, he gives a brief history of the literature. The soya beans are ground up and made into bread or biscuits. The biscuits keep for a considerable period of time, but the bread has to be made freshly every two or three days in order to prevent it from becoming rancid. White states that it is very palatable, and that the amount of starch which is present in it is so very small that it cannot be used for thickening soups or making puddings. The cases which Dr. White details, show that the soya bean has acted very well in his hands. He regards the soya bean diet as quite as efficient as gluten diet: indeed, a little better in reducing the quantity of sugar in the urine and in the improvement of the patient's general health. He found no ill effects from its use.

The Administration of Milk by Accurate Dosage.—Patients frequently declare that they cannot take milk. The difficulty, however, says Dr. Morton, in *Food*, is not with the milk, if due care is exercised to obtain a pure article, but is due to the uncertain method of its administration. Very few patients can commence abruptly and take two or more quarts per day, as such quantities are likely to upset the stomach. The writer has had prepared a graduated glass for the administration of milk, indicating the number of tablespoonfuls from one to twenty, as well as the hours for taking the milk, in the morning, afternoon and evening, which he calls a "milk-tumbler." Such a tumbler is a great convenience for use in private as well as in attendance on "rest-cure" cases.

The writer has seen very good results follow the proper administration of milk in cases of great irritability of the stomach, chronic dyspeptics, and the like. By commencing at seven o'clock in the morning and stopping at ten o'clock at night we have eleven times for giving the milk, so that the quantity of milk daily taken can easily be reckoned. Sometimes it is well in commencing the milk course, to allow the patient three simple, easily-digested meals of selected articles a day, in conjunction with small but gradually-increasing doses of milk. As the quantity taken reaches two or more quarts daily it is well to omit one or more of the meals, until the absolute milk diet is finally obtained.

When milk is given with a view to affording the digestive organs absolute rest, then milk only should be permitted for at least five weeks, or longer, according to the case and the character of the symptoms. Even after recovery it is always well to recommend the patient to take at least a quart of milk daily for an indefinite time. In the great majority of cases the milk will prove very grateful to the patient subsequent to undergoing this treatment.

Diet in Nervous Dyspepsia.—Dr. Dubois, before the Medico-Pharmaceutic Association of Berne, Switzerland, spoke as follows concerning a certain class of dyspeptics: "I have to call your attention to one peculiarity of these patients: their psychic behavior, especially concerning diet

and treatment of their ailments, is characteristic. Real gastric patients are generally very submissive. If they rebel, it is mostly on account of some dietetic preparation which they dislike. Certain limitations, especially in the case of favorite dishes, alcoholic beverages, tobacco, etc., are obnoxious to them. On the other hand, they are well aware of the beneficial results of such limitations; the improvement is apparent, but they have not the courage to continue with their diet for some time.

The patients with nervous disturbances of digestion are quite different. As a rule they appreciate highly everything referring to diet. They have formed their own ideas on the digestibility of the different aliments, and they often show an admirable perseverance in the execution of the self-chosen treatment. Milk is often not supported, especially when pure; sometimes one single drop of milk in tea will be sufficient to cause them intense suffering. They won't take any other bread but toasted or biscuit. Butter will immediately cause oppression of the stomach; for years they have not eaten any fruits nor vegetables. With all that their condition will not improve; they fall away, their sleep and digestion are defective, and in spite of this failure they continue their diet with admirable patience. This perseverance is really of a morbid nature. It is a psychic symptom. In it we find again the characteristic auto-suggestibility of hysteria and analogous neuro-psychoses. On the other hand, these patients are always greatly opposed to suggestions from without. A dietetic prescription, a method of treatment, emanating from the physician, has to be followed by rapid success, otherwise all patience is gone, while for years they submit unflinchingly to their self imposed limitations of diet.

Their dyspepsia is mostly imaginary. Watching the least disturbance of their health, these patients, *v.g.*, have experienced some gastric ailment after a meal; incontinently a certain dish is suspected, and expunged from the bill of fare. But there is no improvement, and consequently another dish is at fault; it has again to be avoided. Perhaps a physician is consulted during office hours who has just time to diagnosticate gastric catarrh, and to prescribe some favorite stomachic. Food is subjected to increased limitation. There is no improvement. On the contrary, the patient grows more nervous, because she grows weaker; her digestion grows worse because she is nervous, and she stays in this circulus vitiosus for months and for years.

RETROSPECTIVE THERAPEUTICS.

Belladonna in Cerebral Hyperæmia.—By Chas. H. Evans, M. D., (in *Clinique*): the instance that I am about to relate occurred in a man twenty-nine years of age, weighing 185 pounds, full-blooded, a high liver and of active disposition. For some time he had been under high mental tension, owing to domestic and business perplexities and the requirements of executive ability in several directions. Increasing headache through three or four days was neglected, and finally culminated one afternoon. His face was puffed and of a deep uniform redness, the conjunctivæ were intensely congested, and there was a brilliant, sparkling appearance of the cornea. The pupils were greatly dilated. The carotid and temporal arteries pulsated visibly. At times he became violent and could scarcely be controlled. His skin was hot and dry. The head was thrown backward and his hands clasped from time to time across his forehead. Alternating with violence were moans forced from him by the severity of the pain in his head. Bowels constipated; urine dark and scanty. The diagnosis of hyperæmia of the brain was readily made out. Belladonna was administered at short intervals. In an hour's time the patient became quiet, and there was less moaning, and he steadily progressed toward recovery, in all respects.

Belladonna in Phrenitis.—I recall a case of a married woman about twenty-eight years of age, to whom I was called for the purpose of signing a certificate for her commitment to the insane asylum. Her screams and shrieks

had for three days and nights excited the wondering awe of the neighbors, several of whom were grouped upon the sidewalk in front of the house on my arrival. The woman was perfectly naked, she having repeatedly torn off all clothing that had been placed upon her. The torn fragments of a sheet that had been thrown over her an hour before were scattered over the floor. Her hands were bound together at the wrists, and her legs at the knees and ankles, and yet in this helpless condition it required the strength of a muscular man to restrain her within bounds, as rolling, twisting, turning and biting with her teeth she kept in incessant motion, while a torrent of raving, screaming, oaths, and foul language poured continuously from her lips.

The indications for the use of belladonna were so plainly marked that I explained to the family how such cases might be curable, and did not require to be convinced to the hopelessness of an asylum, and convincing them, I prepared some belladonna in water. The first teaspoonful was scarcely in her mouth before she spat it directly in the face of the attendant who had just given it to her. Her nose was held for another dose and her jaws forcibly closed together compelled her to swallow it. All this time she was writhing and struggling, and her ravings sounding the more horrible for being muffled. After two hours' time, during which the remedy was repeated frequently, the patient became less violent, though strong restraint was still necessary, and later on there were intervals when it could be relaxed. Improvement continued, until in seven hours it became possible to place her in bed, put a night dress upon her and cover her with her bedclothing. At lengthening intervals, however, it was necessary to use some restraint upon her movements, but these were of short duration. Entire recovery followed in a few days.

Pulsatilla in Rheumatism.—A young woman, aged twenty-four years, unmarried, spare figure, brunette, of delicate constitution, presented the following condition: Pain in the left arm and hand, greatest in the left upper arm, and extending over a portion of the pectoralis major. The pain was very severe, and of a constant, aching character. The next day this pain was much easier, but had appeared upon the right side. The third day the left arm and side were free from actual pain, though soreness remained, and the right-sided pain had become more bearable, but both ankles and one knee had now become involved. Examination showed a peevish, complaining disposition; a feeling of weight and tenderness in the region of the stomach, especially so after eating. No appetite. Temperature, 102°. Very little thirst. Urine dark. A history of constipation. Menstruation always irregular, scanty and light red, with some pain. Mucous membranes pale. Tongue coated white. She complained of a putrid taste in the mouth, which was so much worse in the morning that her nurse had to wash it out before she could eat any breakfast. An almost constant headache in the frontal region. Pulsatilla cured this case, and though there has been much damp and unpleasant weather there has been no return of rheumatism during many months.

Pulsatilla for Suppressed Vaginal Discharge.—A girl, five years of age, the subject of abnormal vaginal discharges, had an attack in which the discharges, mucous at first, at a later period became purulent. At the same time there was redness and swelling of the genitalia. At this time she took cold and the discharge was suppressed. A violent chill took place, which was followed by high fever. Accompanying this was headache, nausea and vomiting of sour, bilious liquid. Twenty-four hours later there was intense heat of the head and dryness of the skin, and the patient was unable to hold up her head.

The urine was scanty, and there was constant drowsiness, together with frequent starting of the limbs. The vaginal mucous membrane was dry, swollen red, and excoriated, and the patient constantly kept her hands upon the labia. The pulsatilla was given and the suppressed

vaginal discharge was re-established, after which the patient soon recovered.

Rhus Tox. in Rheumatism.—The patient, a lad seventeen years old, was three years previously in the woods helping his father to load wood. While warm and perspiring there came up a rainstorm on the way home by which he was wetted to the skin. On reaching home the right leg and hip were stiff and painful. Although every manner of means was used for relief, there was no improvement, and, indeed, it became aggravated as the time went on. When he presented himself for treatment there was a drawing pain in the hip joint with crepitation in the hip joint. Pain increased when rising from a seat after remaining seated for some length of time; it was also aggravated by cold and by any change of weather. The pain was relieved when sitting near a warm stove or in the sun, and by making continuous gentle motion of the leg. The leg and hip were so lame that he was obliged to take hold of the leg of his trousers so that the limb could be lifted and advanced when he desired to walk. The knee joint was flexed, and any attempt to move it caused pain, and it was impossible to make complete extension of the leg. *Rhus tox.* was prescribed and a complete recovery followed.

Rhus Tox. in Rheumatism.—The next case is that of a man, forty-seven years of age, a carpenter, and was much exposed to drafts of wind. Some eight years previous he had erysipelas, followed by numbness in his left hip. This numbness crept on gradually, and was felt mostly on going to bed at night. There was also a pain commencing in the left foot, passing up that side of the body to the hip and then crossing over to the left hip. This pain was sometimes of the most intense character. He had become a wreck bodily and mentally under the long continuance of his condition. The pains had always been relieved by gentle motion, they were easier in dry, clear weather, and were always worse just before a storm, so much so that he knew two or three days before of its coming. *Rhus tox.* was administered and a steady improvement set in, which continued until there was perfect recovery.

Diagnosis of Friedreich's Disease.—Dr. H. Krause, of Copenhagen, Denmark, described a case of this disease which presented all the classical features: ataxia of all four extremities, contractures of the feet, disturbances of speech, nystagmus, absence of tendon-reflexes, as well as pronounced paresis and more or less disturbances of sensibility; pains and sphincteric involvement, as in *tabes dorsalis*, were absent. It generally affects several members of the same family at the same time, and first appears between the seventh and eighth years. *tabes dorsalis* most closely resembles it. It may appear in childhood as a result of hereditary syphilis, but with increase in age other symptoms appear; pupillary involvement and pains. It more closely resembles certain forms of combined lateral and posterior sclerosis, which English and American writers have reported under ataxic paraplegia, where, besides ataxia and paresis, often very slight in the earlier stages, there are not only disturbances of speech and nystagmus, but impotence, sacral pains, sphincteric involvement are not constant. The tendinous reflexes are augmented and there are spastic phenomena. It does not appear during childhood. A cerebellar affection was to be excluded, as there was neither headache nor vertigo. Leyden's acute cerebral ataxia greatly resembles the disease. With this there are ataxia without pronounced paresis or disturbances of sensibility, but with a slow and scanning speech of a nasal character, sometimes nystagmus and trembling lateral movements of the head and frequent psychic disturbances, emotivity and slight imbecility. But the general course is different; it is acute, as a rule, after an infectious disease, and recovery quickly follows—though if it occasionally become chronic it is not progressive.—*Hospitals-Tidende*, No. 30, 1893.

MISCELLANY.

—Mays says that strychnine is a better heart tonic in pneumonia than digitalis.

—Sir Andrew Clark is said to have had an income of \$75,000 to \$100,000 a year.

—In septic poisoning there is seldom recurring chills. These are always present in pyemia.

—Pruritis of the anus or vulva, calomel, eighty grains to the ounce, is claimed to be a specific.

—Dr. Sanger says he relieves asthma immediately by applying ice pack to the neck over the pneumogastric.

—Cases of diabetes have been cured by chloride of gold and sodium, in one-twentieth grain doses, three times a day.

—A writer reports the development of whooping cough, chicken-pox, and measles in a child at the same time.

—Typhus fever, it is claimed, can now be cured in eight days by vaccination with the cultivated anti-fever bacillus.

—Dr. Charles Kerley claims that antipyrine, one grain every two hours, is a specific in the laryngismus stridulus of children.

—Pedro Erello died July 12, 1893, at Tarimors, State of Guanajuato, Mexico, aged 133 years. He left 400 living descendants.

—A subscription for the purpose of erecting a monument to Charcot in Paris has been started. It has reached over 4,000 francs.

—Inoculations for the prevention of cholera are now being made on a large scale in India, about 16,000 persons in all having been inoculated.

—The fluid extract of the geranium maculatum will control nose-bleed, bleeding from a tooth, or other local hemorrhages, if applied directly.

—The sulphate of copper should never be used as an emetic except in cases of phosphorus poisoning, in which condition it acts as a chemical antidote.

—The Faculty of Jefferson Medical College, Philadelphia, has unanimously resolved to institute a four years' course, beginning with the term of 1895-1896.

—Tuholske says: "When in old persons you find ganrene following a slight injury, the urine should be examined for sugar, as it generally means diabetes mellitus."

—It is said that the addition of one drop of a one per cent. solution of nitroglycerin to the injection of cocaine will prevent any unfavorable results from the latter.

—Hahnemann Medical College, of Philadelphia, announces the four years' course as obligatory after October next, for which the faculty will please accept our congratulations.

—Dr. E. T. Trudeau, of Saranac Lake, has been given \$10,000 to equip a laboratory for the experimental study of tuberculosis. Through this we shall probably be able to get scientific data, instead of theory and guess-work, as heretofore.

—Life may be considered extinct (*Lyon Médicale*) if, when a needle is thrust into the skin of a corpse the puncture remains open, just as it will in a piece of leather. If life still remains, the little orifice is closed by contraction of the skin.

—Dr. George Taylor Stewart, Chief of Staff, reports 1,143 patients treated at the Ward's Island Hospital during February, with a death rate of 2.98 per cent. For the two months ending February 28th, 1,821 patients were treated, with a death rate of 3.63 per cent.

—It is said that the Chinese much appreciate European bottles, and will resort to any subterfuge to get hold of them. The common people worry the medical missionaries considerably upon this point, shamming sickness in order to be supplied with a bottle of medicine.

—Never give stimulants in a case of profuse hemorrhage. The faint feeling, or irresistible inclination to lie down, is nature's own method of circumventing the danger, by quieting the circulation and lessening the expulsive force of the heart, thus favoring the formation of clot at the site of injury.

—Says the *American Lancet*: "One thing has struck us as difficult of comprehension, viz., the large number of drunkards in the medical profession. With all their knowledge of the evils of intemperance, many physicians and many members of physicians' families are victims to alcohol, opium, cocaine, etc."

—Dr. S. W. Burson reports that he has treated a number of cases of delirium tremens which had failed to be helped by hypnotics, with great success, by means of liberal draughts of hot water, a cupful every half hour or hour, according to the urgency of the case. He believes it is the most rapid eliminator of the alcohol from the system.

—Prof. Horace T. Hanks uses pure lysol to keep his needles free from rust and sepsis. He places an assortment of fifty, points upward, in a large mouthed bottle with lysol. When required for use the liquid is poured into another bottle, the needles onto a plate, where they are easily selected, and when through the operation both are easily replaced as before.

—The brains of great men and women, says Dr. A. J. C. Skene, are often ruined by their excessive and ill-directed labor, and their children inherit this wreck, and not the original. So, also, the athlete may injure his body and transmit his broken health to his children. It is not what people have been, nor what they hope to be, but what they are, that is transmitted to those who follow them.

WARNING TO SURGEONS.—Professor Albert, in a recent report to the Vienna Medical Society, warns surgeons against the constant use, without precaution, of corrosive sublimate as an antiseptic. He declares that, having for a long time suffered from an intractable dyspepsia, the idea struck him it might be the result of mercurial poison. Chemical analysis of urine revealed this to be the fact.—*Med. Age.*

WHAT HE WOULD DO.—Examining Medical Professor.—"Now, sir, tell me how you would treat a case of typhoid fever."

Student.—"Well, sir, I should first—I should first—I—" E. M. P. (impatiently)—"Yes, yes; go on."

Student (seized with a brilliant idea).—"I should first call you in for consultation!"

"Passed with honors."

—*Tit-Bits.*

—The New York Academy of Medicine has established a refectory in their elegant building where members may have the benefits of a social club for themselves and friends. This is a splendid move, and will, we have no doubt, prove an attractive feature, and will tend to bring the members closer together by making them better acquainted with each other. The *Times* was the first to suggest the innovation several years ago, and has urged it on several occasions.